S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19945

FILED JUN 29 1942

Registration District No. 291

Primary Registration District No. 1003

Registrar's No. 5191

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: FIRMIN DESLOGE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State MISSOURI (b) County 17

(c) City or town ST. LOUIS 9/6
(If outside city or town limits, write "RURAL")

(d) Street No. 3967a McDONALD
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME BABY RIZZO

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased JUNE (Month) 15 (Day) 1942 (Year)

8. AGE: Years | Months | Days | If less than one day 1 hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name AUGUST RIZZO
13. Birthplace (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name CLARICE DEEKEN
15. Birthplace (City, town, or county) MO (State or foreign country)

16. (a) Informant AUGUST RIZZO
(b) Address 3967a McDONALD

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6/15/42 (Month) (Day) (Year)
(c) Place: burial or cremation SS. PETER & PAUL CEM.

18. (a) Signature of funeral director Thos. Kutis & Son
(b) Address 2906 GRAVOIS

19. (a) [illegible] 15 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1942 hour 9 minute 30 M.

21. I hereby certify that I attended the deceased from June 15, 1942, to June 15-1942;
that I last saw him alive on June 15, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Atelectasis

Due to Prematurity 6 months

Due to premature separation of placenta (Partial

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature L. M. Riordan (M. D. ~~or other~~)
Address 4500 Olive St Date signed 6/14/42

844 (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed David Van Fossan

Licensed Embalmer No. 4242

P. O. Address 2906 Gravis.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.