V. S. No. 2
50M—9-4-41
Rev. 5-17-39
X29484

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. 23010

FILED AUG 6 1942

Registration District No. 1942 791 1 — Primary Registration District No. 1003

Registrar's No. 6152

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:
9a North Boyle Ave. /
(If not in hospital or institution, write street number or location)

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

In this community 47 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 17 14
(If outside city or town limits, write "RURAL")

(d) Street No. # 9a North Boyle
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Philip Pace

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M. 0

5. Color or race W.

6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife Agnes Pace

6. (c) Age of husband or wife if alive Sept 16 — 1881 years

7. Birth date of deceased ~~Aug. 11, 1863~~ (Month) (Day) (Year)

8. AGE: Years 80 ~~78~~ Months 10 ~~11~~ Days 3 ~~8~~ If less than one day hr. min.

9. Birthplace (City, town, or county) Italy 5 (State or foreign country)

10. Usual occupation Retired Fruit Dealer

11. Industry or business

12. Name Salvatore Pace

13. Birthplace (City, town, or county) Italy 5 (State or foreign country)

14. Maiden name Frances Catanzaro

15. Birthplace (City, town, or county) Italy 5 (State or foreign country)

FATHER Died Aug 27 1942

MOTHER Died Sept 1942

16. (a) Informant Mr. Charles Pace

(b) Address # 9a North Boyle Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-23-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) JUL 21 1942 (Date received by Registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19th. year 1942 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 16th 1942 to July 19 1942 that I last saw him alive on July 17 1942 and that death occurred on the date and hour stated above.

Immediate cause of death (1) Heat prostration Due to (2) Chronic alcoholism Due to (3) Senility

Duration: 3 days

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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

23. Signature Joseph D. Cure (M. D. or other)

Address 1462 N. Taylor Date signed 7/20/42

(Licensed Embalmer's Statement on Reverse Side)

Dr. Jos. D. Cieri
462 N. Taylor Ave. Fr. 4711

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.

Be

By Birth Certificate Imerese Italy Filed 1861 al N. 4PS

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36667

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. 23016-42
Local Registrar's No. 6152

AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death
for Philip Pace, died/~~born~~ 7-19-1942, 19....., in the State of
Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 7 should read Sept. 16 1861
Instead of August 11 1863
Item No. 8 should read 80 Yrs. 10 - ~~3~~ 3
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Charles Pace Inf.
Relationship.

2225 Blendon Pl. Maplewood
Present Address.

Subscribed and sworn to before me this 13 day of Oct., 1950

My Commission expires 3-4-53

Ernest C Paddock Notary Public.