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S. No. 2  
B.M.—5-42  
v. 5-17-39  
X32873

25740

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED AUG 25 1942 791

Registration District No. .... Primary Registration District No. 1003 Registrar's No. 6892

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17  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 Days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 176

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

(d) Street No. 1703 N. Union Blvd.  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Peter Ceselin

3. (b) If veteran, name war.....

3. (c) Social Security No. 498-07-8123

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Emilia Ceselin

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased May 29 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70	2	16	hr. min.
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9. Birthplace Italy  
(City, town, or county) (State or foreign country)

10. Usual occupation Cement Worker

11. Industry or business Retired

12. Name Angelo Ceselin

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

14. Maiden name Unknown

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

16. (a) Informant Emilia Ceselin

(b) Address 1703 N. Union

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof 8-17-42  
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd

19. (a) AUG 17 1942  
(Date received local registrar)

J. F. Prudek  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15  
year 1942 hour 1:50 minute A.M.

21. I hereby certify that I attended the deceased from July 31, 1942 to August 15, 1942  
that I last saw him im alive on August 15, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Bright sided Hemiplegia  
Arteriosclerosis

Due to.....

Due to.....

Other conditions Alcoholic Psychosis  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:  
Of operations.....

Of autopsy Refused

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?.....

While at work?..... (Specify type of place) (c) Means of injury.....

23. Signature Chas. Wade (M. D. or other)  
Address 1515 Lafayette Avenue Date signed 8/15/42

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**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

*Albert R. Thompson Jr*

Licensed Embalmer No. *4237*

P.O. Address.....

**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.**