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OM-5-42
ev. 5-17-39
X 23873

26168

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **7009**

FILED SEP 1 1942 318
Registration District No. _____ Primary Registration District No. **1003**

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 **5 Days**
In this community **30 yr.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County _____
(c) City or town **St Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2036 Edward**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Salvatore Russo**
3. (b) If veteran, name war **0** 3. (c) Social Security No. **0**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **August** day **18**, year **1942** hour **9:30** minute **A.** M.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, widower **2 divorced, widower**
6. (b) Name of husband or wife **Maria Russo** 6. (c) Age of husband or wife if alive **dead** years
7. Birth date of deceased **March 10 1890**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **August 14**, 19**42**, to **August 18**, 19**42**, that I last saw him alive on **August 18**, 19**42**, and that death occurred on the date and hour stated above.

8. AGE: Years **52** Months **5** Days **12** If less than one day hr. _____ min. _____

Immediate cause of death **Pulmonary Tbc**
Due to **H5**
Due to _____
Other conditions **Curvature of Spine**
(Include pregnancy within 3 months of death)

9. Birthplace **Italy** (City, town, or county) (State or foreign country)
10. Usual occupation **Laborer**

Major findings:
Of operations _____
Of autopsy **Not done**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name **Rosario Russo**
13. Birthplace **Italy** (City, town, or county) (State or foreign country)
14. Maiden name **Anna Russo**
15. Birthplace **Italy** (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant **John Russo**
(b) Address **2036 Edward**
17. (a) **Burial** (b) Date thereof **Aug 22 1942**
(Burial, cremation, or removal) (Monthly) (Day) (Year)
(c) Place: burial or cremation **New S.P. Peter Paul Cm.**
18. (a) Signature of funeral director **Sam @ Calcestra**
(b) Address **5142 Daggott Ave**
19. (a) **AUG 21 1942** (b) **J. P. Busch**
(Date received local registrar) (Registrar's signature)

23. Signature **Red Mad...** (M. D. or other)
Address **1515 Lafayette Avenue** Date signed **8/18/42**

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Harold R. Burnley*
Licensed Embalmer No. 4202
P. O. Address *St. Louis, Mo.*

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.