

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED OCT 28 1942  
 318

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 8543

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

1. PLACE OF DEATH:

(a) County St Louis Mo  
 (b) City or town St Louis Mo  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution 2229 Marconi  
(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:

(a) State Mo (b) County 000  
 (c) City or town St Louis 17  
(If outside city or town limits, write "RURAL") 9 13  
 (d) Street No. 2229 Marconi  
(If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ignazio Modica  
 3. (b) If veteran, name war no  
 3. (c) Social Security 489-01-6819

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14  
 year 1942 hour \_\_\_\_\_ minute 69 M.

4. Sex Male  
 5. Color or Race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Josephine Lapresto  
 6. (c) Age of husband or wife if alive 50 years  
 7. Birth date of deceased Feb 12 1880  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 13 1942 to Oct 14 1942  
 that I last saw him alive on Oct 13 1942  
 and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 8 Days 2  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Chronic Nephritis  
 Duration 2 days

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

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

10. Usual occupation Coal miner

Other conditions Chronic Nephritis  
(Include pregnancy within 3 months of death) 2 years

11. Industry or business \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

12. Name Frank Modica

Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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

14. Maiden name Mary Deangelis

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

16. (a) Informant Mary Modica

(b) Address 2229 Marconi

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

(c) Place: burial or cremation New St Peter Paul Church

18. (a) Signature of funeral director Sam E Calcaterra  
 (b) Address 5142 Daggert Ave  
OCT 14 1942 (c) J. B. Bredeck  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

23. Signature G. J. Shepherd (M. D. \_\_\_\_\_)  
 Address 5022 Page Date signed Oct 14 1942

**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 Samuel Calcaterra

Licensed Embalmer No. 2376

P. O. Address 5142 Daggett

**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.**