

S. No. 2
FORM-5-42
Rev. 5-17-39
ST. LOUIS

667

793

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

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

FILED FEB 2 1943

818

1003

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Missouri Baptists 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)

In this community 40 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

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

(d) Street No. 6160 Caresche
(If rural, give location)

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

3. (a) PRINT FULL NAME Pietro Randazzo

3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24
year 1943 hour 3 minute 10 P.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Maria 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased December 25 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from December 1 1942 to January 24 1943
that I last saw him alive on January 24 1943
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>0</u>	<u>29</u>hr.min.

Immediate cause of death... Uraemia

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

Due to Nephritis, Chronic

Due to Hypertrophy of prostate gland

Other conditions (Include pregnancy within 3 months of death) for

10. Usual occupation Business

PHYSICIAN

Major findings: Of operations 1/24/43

Of autopsy.....

Underline the cause to which death should be charged statistically.

11. Industry or business.....

MOTHER FATHER { 12. Name Domenico Randazzo

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

14. Maiden name Antonina Giannona

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 Domenico Randazzo

(b) Address 6160 Caresche

17. (a) Burial (b) Date thereof JAN. 27-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

23. Signature J. F. Bredeck (M.D. or other)
Address 972 area 1 St Date signed 1/25/43

18. (a) Signature of funeral director J. Nicoli - Son

(b) Address 1150 N. Kingshighway Blvd.

19. (a) JAN 26 1943 (b) J. F. Bredeck
(Date of final local registrar) (Registrar's signature)

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..... *Arnold W. Schoene*.....

Licensed Embalmer No. *3864*.....

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: