. S. No. 2
OM—5-42
v. 5-17-42
p-1 X7a-17

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1943

818

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

8850

State File No.

Registrar's No. 2505

1. PLACE OF DEATH:

(a) County St. Louis

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

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

(d) Length of stay: In hospital or institution 2 Days (Specify whether years, months or days) In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 12 003

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 2 11

(d) Street No. 4377 Evans (If rural, give location)

(e) Citizen of foreign country? yes (Yes or No) 0

If yes, name country Italy

3. (a) PRINT FULL NAME Giacamo Titone

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Nicolina

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased March (Month) 19 (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day
65	11	25	hr. min.

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

10. Usual occupation Labor

11. Industry or business

MOTHER FATHER

12. Name Calogero Titone

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

14. Maiden name Vincenza Castella

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

16. (a) Informant Nicolina Titone

(b) Address 4377 Evans av.

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

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Nicli-son

(b) Address 1150 N. Kingshighway Blvd.

19. (a) MAR 16 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14th year 1943 hour 9:40 minute A. M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of skull, Subdural hemorrhage of Brain, when he walked into the side of a Famous Taxicab

Due to driven by one Jesse Alfred Sawyer col at the intersection of Newstead and Evans ave. about 8:05 P.M. March 11 1943

Due to

Other conditions (Include pregnancy within 3 months of death)

Duration

Major findings: Of operations no

Of autopsy yes.

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) accident 000

(b) Date of occurrence March 11, 1943.

(c) Where did injury occur? St. Louis, Missouri. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (Specify type of place)

While at work? no (e) Means of injury auto

23. Signature Alfred J. Berry (M. D. or other)

Address Lafayette Comm Date signed 3/16/43

(Licensed Embalmer's Statement on Reverse Side)

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.