

FILED MAY 3 1943 318

Registration District No. _____

Primary Registration District No. _____

1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. John's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 1 day
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... St. Louis
(c) City or town..... Normandy
(If outside city or town limits, write "RURAL")
(d) Street No. 7281 Natural Bridge
(If rural, give location)
(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME VICTOR J. MASSA

3. (b) If veteran, name war..... No 3. (c) Social Security No. None

4. Sex..... Male 5. Color or race..... White 6. (a) Single, widowed, married, divorced..... Widowed

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

7. Birth date of deceased..... April 21, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 0 4 hr. min.

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

10. Usual occupation..... Retired Real estate dealer

11. Industry or business.....

12. Name..... Unknown

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

14. Maiden name.....

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

16. (a) Informant..... Saved Massa
(b) Address..... 7281 Natural Bridge

17. (a) Burial (b) Date thereof..... 4 - 28 - 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Calvary

18. (a) Signature of funeral director..... Callan Kelly

(b) Address..... 7267 Natural Bridge

19. (a) APR 27 1943 J. F. Predeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... April day..... 25
year..... 1943 hour..... 3:55 minute..... P M.

21. I hereby certify that I attended the deceased from..... 4-23
..... 1943, to..... 4-25 1943
that I last saw him alive on..... 4-21 1943
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cirrhosis of Liver,
Generalized peritonitis
Perforation of diverticulum
of colon.
Due to.....
Due to.....

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

Major findings:
Of operations.....
Of autopsy..... see above

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)
(e) Means of injury.....

23. Signature..... Fernis Kuppel (M. D. or other)
Address..... 621 National Bank Bldg Date signed..... 4-24-43

Duration
—
3 days
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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 *Clement McNeary*
Licensed Embalmer No. 3722
P. O. Address St. Louis

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.