

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

**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:  
**City Hospital 0**  
(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) **55 Years.**

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State..... **Missouri** (b) County.....  
 (c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **1326 North 20th St.**  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country..... **Italian 0**

**3. (a) PRINT FULL NAME** **Giuseppe Pizzimenti**  
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **April** day **29**  
 year **1943** hour **5** minute **25 P.M.**  
**21. I hereby certify that I attended the deceased from**.....  
 ....., 19....., to....., 19.....;

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife..... **Grazia** 6. (c) Age of husband or wife if alive **63** years  
 7. Birth date of deceased **October 31 1875**  
(Month) (Day) (Year)

that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

**8. AGE:** Years **67** Months **5** Days **28** If less than one day..... hr. .... min.

Immediate cause of death.....  
**Coronary Sclerosis**  
**Arterio Sclerosis**

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

Due to.....  
 Due to.....

10. Usual occupation **Labor**

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

11. Industry or business.....

**MOTHER FATHER**  
 { 12. Name **Girolamo Pizzimenti**  
 { 13. Birthplace..... **Italy 5**  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name **Giovanina Palazola**  
 { 15. Birthplace..... **Italy 5**  
(City, town, or county) (State or foreign country)

**PHYSICIAN**  
 Major findings:  
 Of operations.....  
 Of autopsy.....  
 Underline the cause to which death should be charged statistically.

16. (a) Informant.....  
 (b) Address.....  
**1326 North 20th**  
 17. (a) **Burial** (b) Date thereof **May-1-1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Calvary Cemetery**

**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 **3**

18. (a) Signature of funeral director.....  
 (b) Address.....  
**1150 N. Kingshighway Blvd.**  
 19. (a) **APR 30 1943** (b) **J. F. Brudeck**  
(Date received local registrar) (Registrar's signature)

23. Signature..... (M. D. or other)  
 Address..... Date signed **4/30/43**

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**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.**