

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15947

State File No.

Registrar's No.

4362

MAY 18 1943

Registration District No. 318

Primary Registration District No. 1003

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

## 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:  
5200 Wilson Ave  
 (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)

3. (a) PRINT FULL NAME LORENZO CATANZARO3. (b) If veteran, name war no 3. (c) Social Security No. no4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Conchetta Lombardo 6. (c) Age of husband or wife if alive..... years7. Birth date of deceased June 5 1867  
(Month) (Day) (Year)8. AGE: Years 75 Months 7 Days 5 If less than one day hr. min.9. Birthplace Italy  
(City, town or county) (State or foreign country)10. Usual occupation retired11. Industry or business baker12. Name Giovanni Catanzaro13. Birthplace Italy  
(City, town, or county) (State or foreign country)14. Maiden name Anna Tuccarella15. Birthplace Italy  
(City, town, or county) (State or foreign country)16. (a) Informant Mrs Charles Mugarone(b) Address 5200 A Wilson17. (a) burial (b) Date thereof May 12 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation New St City & Paul18. (a) Signature of funeral director Paul C. Colclough(b) Address 5172 Daggett Ave19. (a) MAY 11 1943 (b) J. V. Bussard  
(Date received local registration) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County.....  
 (c) City or town St Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 5200 Wilson Ave  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 1943  
year 1943 hour 6 p.m. minute..... M.21. I hereby certify that I attended the deceased from February 1943  
....., 19....., to May 9, 1943  
that I last saw him..... alive on May 7, 1943  
and that death occurred on the date and hour stated above.Immediate cause of death chronic myocarditis Duration.....

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)Major findings:  
Of operations.....Of autopsy no

## 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 P. Lizzardi (M. D. or other).....Address 2124 Madison Date signed 5-11-43

## PHYSICIAN

Underline the cause to which death should be charged statistically.

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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..... *Henry M Brammer* .....

Licensed Embalmer No..... *4200* .....

P. O. Address.....

**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.**