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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 27 1943

318

1003

4541

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not to hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo. 14 Days
(Specify whether

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 009
(c) City or town St. Louis 17 9
(If outside city or town limits, write "RURAL")
(d) Street No. 2217 Edwards
(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 14,
year 1943 hour 7:45 minute A. M.
21. I hereby certify that I attended the deceased from March
29, 1943 to May 14, 1943
that I last saw him alive on May 14, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of Common
Bile duct with liver
Due to abuse

Due to _____

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

Major findings:
Of operations _____

Of autopsy same

Duration

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) _____
(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. (a) PRINT FULL NAME Sam Tumminia

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

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

6. (b) Name of husband or wife Josephine Tumminia 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Jan 10 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 4 4 hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Joseph Tumminia

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

14. Maiden name Lana Tumminia

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

16. (a) Informant Mrs Josephine Tumminia

(b) Address 2217 Edwards

17. (a) Burial (b) Date thereof 5-17-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter and Paul

18. (a) Signature of funeral director Paul C. Calcaterra

(b) Address 6142 Daggott

19. (a) MAY 15 1943 J. F. Brebeck
(Date received local registration) (Registrar's signature)

23. Signature M. D. Shuman (M. D. or other) 5/17/43
Address 1515 Lafayette Avenue Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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

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.