V. S. No. 2
100M—[illegible]
v. 5-15-[illegible]
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 [illegible]

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19927

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 6121

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: Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2-weeks (Specify whether years, months or days)
In this community 54 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000 17 95
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5653 Julian Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Orazio G. Pieri

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex M.

5. Color or race W.

6. (a) Single, widowed, married, divorced W.

6. (b) Name of husband or wife Isolena Pieri

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

7. Birth date of deceased Aug. 23rd., 1874 (Month) (Day) (Year)

8. AGE: Years 68 | Months 10 | Days 11 | If less than one day hr. min.

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

10. Usual occupation Retired Restaurant Owner

11. Industry or business

FATHER
12. Name Angelo Pieri
13. Birthplace Italy 5 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Maria Domenica
15. Birthplace Italy 5 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Olivia Lupo
(b) Address 5653 Julian Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-7-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) JUL 6 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th., year 1943 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from June 20th, 1943, to July 4th, 1943, that I last saw him alive on July 4, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Diabetes Mellitus	about 13 yr
Due to Gangrenous left foot (Diabetic)	2 years
Due to Broncho-Pneumonia	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: Gangrenous left foot (Diabetic) Extensive arteriosclerosis arteries Op. – Amputation mid. left thigh
Of autopsy: None

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) No
(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? No injury (Specify type of place)
While at work? (e) Means of injury

23. Signature J. C. Landree (M. D.)
Address 437 Wm. Club Bldg. St. Louis Mo. Date signed 7-5-43

(Licensed Embalmer's Statement on Reverse Side)

Dr. J. C. Landree
Univ. Club Bldg. Je. 6123
437
30R

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.