S. No. 2
M—2-43
5-17-39
FILED AUG 12 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22842

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6972

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

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town (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 (Specify whether

In this community years, months or days) 14 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis 96 (If outside city or town limits, write "RURAL")

(d) Street No. 5326 Theodosia Av. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME William Caggiano

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Josephine

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased February 4. 1881 (Month) (Day) (Year)

8. AGE: Years 62 Months 5 Days 27 If less than one day hr. min.

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

10. Usual occupation Labor

11. Industry or business

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

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

16. (a) Informant Anthony Caggiano

(b) Address 5326 Theodosia av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof August 4. 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director P. Nicoli-son

(b) Address 1150 N. Kingshighway

19. (a) AUG 2 1943 (Date received local registrar) (b) J. F. Bridesk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 1 year 43 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from 7-17, 1943, to 8-1, 1943 that I last saw him alive on 8-1-43, 19 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma head of Pancreas

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Ca. head of Pancreas

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature S. Hollsmith (M. D. or other)

Address City Hospital Date signed 8-1-43

(Licensed Embalmer's Statement on Reverse Side)

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.