

S. No. 2
M-2-43
5-17-43
1 X 5 1/2

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22843**
Registrar's No. **6551**

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

FILED JUL 31 1943 818

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis**
(c) Name of hospital or institution: **Calvary Cemetery 3**
(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 **Paul Callico**
(b) If veteran, name war **No** (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Catherine Tornino** 6. (c) Age of husband or wife if alive **55** years
7. Birth date of deceased **December 23 1885**
(Month) (Day) (Year)

8. AGE: Years **57** Months **6** Days **25** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Salesman**

11. Industry or business _____
12. Name **Jasper Callico**
13. Birthplace **Italy 5**
(City, town, or county) (State or foreign country)
14. Maiden name **Don't know**
15. Birthplace **Italy 5**
(City, town, or county) (State or foreign country)

16. (a) Informant **Catherine Callico**
(b) Address **3827a St. Louis Ave.**

17. (a) **Burial** (b) Date thereof **7-21-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Cullinane Bros.**
(b) Address **1710 N. Grand Blvd.**

19. (a) **JUL 20 1943** (b) **J. P. [Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **000 17 910**
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")
(d) Street No. **3827a St. Louis Ave.** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **18**
year **1943** hour **9** minute **30** a. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary Occlusion
Chronic Aortitis
Non-syphilitic
Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **Alfred Perry 3** (M. D. or other)
Address **2120 [Signature]** Date signed **7/20/43**

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 Fred Frick

Licensed Embalmer No. 3186

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.