

FILED SEP 25 1943

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Koch
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Robert Koch Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs, 9 mos, 19d
In this community _____
years, months or days

3. (a) PRINT FULL NAME Yanni, Antonio

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

4. Sex m 5. Color or race wh 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Theresa Yanni 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased 7 5 85
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 2 10 hr. min.

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

10. Usual occupation Saloon

11. Industry or business

MOTHER FATHER { 12. Name Leo Yanni
13. Birthplace Italy
14. Maiden name Maria Alessandre
15. Birthplace Italy

16. (a) Informant Patient wife
(b) Address 3210 Morganford

17. (a) burial (b) Date thereof Sept 18 1943
(c) Place: burial or cremation New St Peter's Church

18. (a) Signature of funeral director Paul E Sakatera
(b) Address 5142 Daggett Ave

19. (a) SEP 17 1943 (b) E W McHarran
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4317 Humphreys
(If rural, give location)
(e) Citizen of foreign country? ? (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 15
year 1943 hour 7 minute 10 P.M.

21. I hereby certify that I attended the deceased from 11-27-1940 to 9-15-1943
that I last saw him alive on 9-15-1943
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure Duration 2 mos?

Due to pulmonary fibrosis

Due to pulmonary tuberculosis

Other conditions (Include pregnancy within 3 months of death) 1321

Major findings: Of operations _____

Of autopsy Pulmonary tuberculosis; Heart hypertrophy; Hydrothorax

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 A. Franon (M. D. or other) _____
Address Koch Hospital Date signed 9/16/43

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

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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 *J. Allen Davis Jr.*
Licensed Embalmer No. *4053*
P.O. Address *City*

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.