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Registration District No. ....

Primary Registration District No. ....

1003

State File No. ....

Registrar's No. ....

11425

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

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:  
St. Louis Maternity 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)

3. (a) PRINT FULL NAME Infant Canepa

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

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

7. Birth date of deceased. Dec., 18th., 1943  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<u>1</u>	..... hr. .... min.

9. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business.....

MOTHER FATHER

12. Name Willey J. Canepa  
 13. Birthplace Festus Mo  
(City, town, or county) (State or foreign country)  
 14. Maiden name Velma Vaughn  
 15. Birthplace Corning Ark.  
(City, town, or county) (State or foreign country)

16. (a) Informant Willey J. Canepa

(b) Address Festus Mo

17. (a) Burial (b) Date thereof Dec. 20, 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Festus Mo.

18. (a) Signature of funeral director [Signature]

(b) Address Festus Mo.

19. (a) DEC 20 1943 (b) [Signature]  
(Date received for registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 19 day 19  
 year 1943 hour 8:25 minute..... M.

21. I hereby certify that I attended the deceased from Dec. 18  
 1943 to Dec. 19 1943  
 that I last saw him alive on 11:55 Dec. 19, 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Pre-maturity - 8 wks.  
pulmonary atelectasis 18 hrs.

Due to.....  
 Due to.....

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

Major findings:  
 Of operations.....  
 Of autopsy.....  
 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 Francis J. Canepa (M. D. or other) M.D.  
 Address 462 N. Taylor in. St. Louis, Mo. signed Dec. 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.....

*Not Embalmed*

Licensed Embalmer No.....

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.**