S No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 22 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

39818

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10728

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: PARK LANE HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 000 17

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

(d) Street No. 6127A PAGE BLV.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME PHILIP FRANZINI

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

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 9 (Month) 1 (Day) 1874 (Year)

8. AGE: ~~Years~~ 69 Months 2 Days 24 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country)

10. Usual occupation NILE

11. Industry or business

FATHER 12. Name UNKNOWN FRANZINI

13. Birthplace ITALY (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name UNKNOWN

15. Birthplace ITALY (City, town, or county) (State or foreign country)

16. (a) Informant John A. Dardall

(b) Address Central Natl BK. BLDG.

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

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director E. J. Schmur

(b) Address 3125 Lafayette av.

19. (a) DEC 7 1943 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 3 year 1943 hour 7 minute 7 15 A.M.

21. I hereby certify that I attended the deceased from NOV 9, 1943 to DEC 3, 1943 that I last saw him alive on DEC 3, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to DEGENERATED MYOCARDITIS	
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 [signature] (M. D. or other)

Address [illegible] Date signed 12/6/43

(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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Lemay Ferry Rd

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.