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S. No. 2  
M-2-43  
5-17-39  
X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39845**  
Registrar's No. **10949**

FILED DEC 22 1943  
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:  
(a) County St. Louis, Mo.  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution: St. Louis City Hospital-Mar. C. Starkloff Memorial  
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 days  
In this community 35 Years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Anthony Gentile  
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 MARRIED  
6. (b) Name of husband or wife LILLIAN 6. (c) Age of husband or wife if alive 49 years  
7. Birth date of deceased 3 19 1972  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>8</u>	<u>19</u>	hr. min.

9. Birthplace SCILLY, ITALY 5  
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name UNKNOWN

13. Birthplace ITALY 5  
(City, town, or county) (State or foreign country)

14. Maiden name MARY PALLANZO

15. Birthplace ITALY 5  
(City, town, or county) (State or foreign country)

16. (a) Informant Lillian Gentile

(b) Address 1418 MENARD

17. (a) BURIAL (b) Date thereof 12 13/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST MATTHEWS

18. (a) Signature of funeral director G. W. McLaughlin

(b) Address 2301 Lafayette

19. (a) DEC 11 1943 (b) John Bradeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County 0011  
(c) City or town ST LOUIS 23  
(If outside city or town limits, write "RURAL")  
(If rural, give location) 1418 MENARD  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8th  
year 1943 hour 11:20 minute A. M.

21. I hereby certify that I attended the deceased from November 30th 1943 to December 8th 1943  
that I last saw h. in alive on December 8th 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Metastatic carcinoma of bones  
Due to Primary site unknown

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) 55

Major findings: Of operations \_\_\_\_\_  
Of autopsy Refused

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 Tracy H. Steinberg (M.D. or other) 12/8/43  
Address 1515 Lafayette Date signed \_\_\_\_\_

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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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 L.P. Cooper

Licensed Embalmer No. 31533

P. O. Address 2317 Lafayette

**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.**