

**FILED MAR 27 1944**  
318

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

Registrar's No. **2452**

**1. PLACE OF DEATH:**

(a) County \_\_\_\_\_  
 (b) City or town **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**St. Louis City Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **10 days**  
(Specify whether  
 In this community \_\_\_\_\_  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County \_\_\_\_\_  
 (c) City or town **St. Louis,**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **1320 Carr Str**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Tony Caito**

3. (b) If veteran, name war **No**  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **Wht.**  
 6. (a) Single, widowed, married. **2 divorced Wid.**  
 6. (b) Name of husband or wife **Angela Caito**  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **Unknown** **About 1858**  
(Month) (Day) (Year)

8. AGE: Years **86** Months **Unknown** Days \_\_\_\_\_  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation **Retired**

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

MOTHER FATHER

12. Name **Nickola Caito**  
 13. Birthplace **Italy**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Unk.**  
 15. Birthplace **Unk.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Joseph Caito**  
 (b) Address **1826 N. 22 Str.**

17. (a) **Burial** (b) Date thereof **3/15/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**  
 18. (a) Signature of funeral director **W. E. Moyall**  
 (b) Address **1926 Allen Ave.**

19. (a) **MAR 14 1944** **J. F. Brudeck**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **March** day **12**  
 year **1944** hour **5:15** minute **A** M.  
 21. I hereby certify that I attended the deceased from **March 2nd**  
 19**44**, to **March 12th** 19**44**  
 that I last saw h. **in** alive on **March 12th** 19**44**  
 and that death occurred on the date and hour stated above.

Immediate cause of death.  
**Pulmonary tuberculosis!**

Due to \_\_\_\_\_  
 Due to **13**  
 Other conditions **lung**  
(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) (M. D. or other)  
 23. Signature **Frank J. ...** (M. D. or other) **4-2**  
 Address **1519 Lafayette** Date **3/12/44**

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

**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 me

....., Registered Apprentice No. ....

working under my personal supervision.

Signed David M. Davis

Licensed Embalmer No. 3741

P. O. Address 1926 Allen

**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.**