S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9393

FILED APR 13 1944 318

Registration District No. ..... Primary Registration District No. 1003

Registrar's No. 3132

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital 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)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri. (b) County 17

(c) City or town Saint Louis, 9 (If outside city or town limits, write "RURAL") 6

(d) Street No. 3006 Belt Ave. (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME VITO RIGGIO

3. (b) If veteran, name war .....

3. (c) Social Security No. None.

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married. 1

6. (b) Name of husband or wife Anna Riggio

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased September (Month) ~~12th~~ 13 (Day) ~~1871~~ 1869 (Year)

8. AGE: Years ~~72~~ 74 Months 6 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace Unknown (City, town, or county) Italy 5 (State or foreign country)

10. Usual occupation Retired.

11. Industry or business Public Service.

FATHER
12. Name Sam Riggio
13. Birthplace Unknown (City, town, or county) Italy 5 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Italy 5 (State or foreign country)

16. (a) Informant Anna Riggio
(b) Address 3006 Belt Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 4, 1944 (Month) (Day) (Year)
(c) Place burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Ziegenhein Bros.
(b) Address 6409 Gravois Ave.

19. (a) APR 3 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st year 1944 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from March 31st, 1944, to April 1st, 1944; that I last saw him alive on April 1st, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Sarcoma of muscles of shoulder

Due to

Due to 55

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Same. Metastases to lung

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Frank Feinberg (M. D. or other) M.D.

Address 1515 Lafayette Date signed 4/3/44

(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 John Ogonoski

Licensed Embalmer No. 3398

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.

Verified by Birth Baptismal Certificate Italian-

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—8-43
I X37817

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. 9393-44

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 3132

On this ..... day of ....., 194..., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death
for Vito Riggio died ~~XXXXX~~ 4-1-1944, 19..., in the State of
Missouri, and which was filed at ..... on ....., 19..., should be corrected as follows:

Item No. ~~2x~~ 7 should read September 13-1869
Instead of September 12-~~XXXX~~ 1871
Item No. 8 should read Age 74-6 18
Instead of 72-6-19
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Jos. Bumbacher Fun. Direc.
Zeigenhein Bros Relationship.

6409 Gravois ave.,
Present Address.

Subscribed and sworn to before me this 26 day of April, 1949

My Commission expires 3-4-53

Ella C. Paddock Notary Public.

9393