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Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19142

State File No. \_\_\_\_\_  
Registrar's No. 1087

FILED MAY 20 1944

Registration District No. 377

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
3711 Lavler Drive.  
(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) 35 years

3. (a) PRINT FULL NAME Joseph (Joe) Piazza

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

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

6. (b) Name of husband or wife Nancy 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased February 9 1886  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>3</u>	<u>0</u>	hr. _____ min.

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

10. Usual occupation Insurance agent

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

MOTHER, FATHER { 12. Name Salvatore Piazza

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

14. Maiden name Arparita Passalacqua

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

16. (a) Informant Salvatore Piazza

(b) Address 3711 Lavler Dr.

17. (a) Funial (b) Date thereof 5-13-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Michi-Sons

(b) Address 1150 N. Kingshighway Rd.

19. (a) MAY 13 1944 (b) E. J. McEwen, M.D.  
(Date received local file) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Arbor Terrace  
(If outside city or town limits, write "RURAL")

(d) Street No. 3711 Lavler Drive.  
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)  
If yes, name country Italy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 1944  
year \_\_\_\_\_ hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 4  
1944, 19\_\_\_\_, to May 8 1944, 19\_\_\_\_;  
that I last saw him alive on May 8-44, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death acute myocarditis Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Bronchial Pneumonia  
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy no 107

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) no accident

(b) Date of occurrence none

(c) Where did injury occur? none  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
none

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury none

23. Signature Wm J. Harman (M. D. number) \_\_\_\_\_

Address 2739 N. Grand Date signed 5/13/44

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

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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 Arnold W. Schoene  
Licensed Embalmer No. 3864  
P. O. Address St. Louis, Mo.

**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.**