

No. 2
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5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 20 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29261
State File No. _____
Registrar's No. 7856

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Baptists Hospital
(If not in hospital or institution, write street number or location) 17 Hrs.
(d) Length of stay: In hospital or institution 50 Years
In this community 50 Years
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. 1525 Elliott
(If rural, give location)
(e) Citizen of foreign country? Yes.
If yes, name country Italy

3. (a) PRINT FULL NAME Anthony (Tony) Di Mercurio
3. (b) If veteran, name war _____ 3. (c) Social Security No. 499-01-9205

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 9 year 44 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____ 1944
that I last saw him alive on _____ 1944
and that death occurred on the date and hour stated above.
Immediate cause of death: Heart Insufficiency
Impediment

4. Sex Male 0 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased April 30 1897
(Month) (Day) (Year)

Duration _____
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 92
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
57 53 4 9 20 hr. _____ min.

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

10. Usual occupation Partender

11. Industry or business _____

12. Name Vincenzo Di Mercurio

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

14. Maiden name Maria Parisi

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

16. (a) Informant Angelina Di Mercurio

(b) Address 1525 Elliott

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

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Miceli & Son
(b) Address 1150 N. Kingshighway Plvd.

19. (a) SEP 12 1944 (b) J. F. Brubaker
(Date received local registrar) (Registrar's signature)

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) _____
(Specify means of injury) _____
While at work _____
23. Signature _____ (M. D. or other)
Address 705 - Olive Date signed 9-11-44

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER, FATHER

[Handwritten notes and scribbles, including the number 1000]

[Small handwritten mark]

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.