

FILED DEC 5394

Registration District No. _____

Primary Registration District No. _____

1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1315 1/2 Montgomery
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... MO
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1315 1/2 Montgomery St.
(If rural, give location)
(e) Citizen of foreign country?..... Yes (Yes or No)
If yes, name country..... Italy

3. (a) PRINT FULL NAME Joseph Saputo

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 Divorced

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

7. Birth date of deceased..... October 10 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
44 1 14 hr. min.

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

10. Usual occupation Barber

11. Industry or business.....

12. Name Giuseppe Saputo

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

14. Maiden name Rosalia Randazzo

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

16. (a) Informant Tony Saputo
(b) Address 815 Cole

17. (a) Burial (b) Date thereof Nov. 28-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director.....
(b) Address 1150 N. Kingshighway Blvd.

19. (a) NOV 27 1944 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24
year 1944 hour 12 minutes 50 P.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....

that I last saw him..... alive on....., 19..... and that death occurred on the date and hour stated above.

Immediate cause of death.....

Lobar Pneumonia

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death).....

Major findings: Of operations.....

Of autopsy.....

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 [Signature] (M. D. or other).....

Address [Signature] Date signed 11-27-44

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

MOTHER FATHER

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.