S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1945

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

4215

State File No.

Registrar's No. 1176

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: Barnes Hospital,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 28 days (Specify whether years, months or days)

In this community 39 years.

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. 1807a Cass Av.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Salvatoro Finazzo

3. (b) If veteran, name war World War One

3. (c) Social Security No. 498-10-7951

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Gladys.

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

7. Birth date of deceased Nov. 11. 1895 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
49	2	23	hr. min.

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

10. Usual occupation Chauffeur

11. Industry or business Ford Drayage Co.

FATHER
12. Name Fillipo Finazzo
13. Birthplace Italy (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Gladys Finazzo
(b) Address 1807a Cass Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 8 1945 (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery Jefferson Barracks.

18. (a) Signature of funeral director Bonsell-Nichols
(b) Address 1431 Union Blvd.

19. (a) FEB 6 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 3 year 1945 hour 8 minute 40 P.M.

21. I hereby certify that I attended the deceased from JANUARY 7, 1945 to FEBRUARY 3, 1945 that I last saw him alive on FEBRUARY 3-8 P.M. 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of the lung	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy As above

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 J. R. Bradley (M. D. or other)

Address Barnes Hospital, Date signed 2/4/45

(Licensed Embalmer's Statement on Reverse Side)

APR 27 1948

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.....

Licensed Embalmer No.....

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.