

142766
FILED MAY 21 1945
Registration District No. 314

Primary Registration District No. 1003

Registrar's No. 4228

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
St. Louis City Hospital #1. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 4 days
(Specify whether years, months or days)

In this community..... 6 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000

(c) City or town..... St. Louis 175
(If outside city or town limits, write "RURAL")

(d) Street No. 1218 Blackstone Ave.
(If rural, give location)

(e) Citizen of foreign country?..... No. 0 (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Vincent A. Borruso

3. (b) If veteran, name war..... No.

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th
year..... 1945 hour 11:50 minute A. M.

21. I hereby certify that I attended the deceased from 5/6/45
..... 19..... to 5/10/45 19.....
that I last saw him alive on..... 5/10/45 19.....
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced..... Widowed

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

7. Birth date of deceased..... January 14 1885
(Month) (Day) (Year)

Immediate cause of death..... arteriosclerotic Heart Disease

Duration.....

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>3</u>	<u>26</u>	hr. min.

Due to.....

Due to.....

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

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

10. Usual occupation..... Minister

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN.....

Underline the cause to which death should be charged statistically.

11. Industry or business.....

MOTHER FATHER { 12. Name..... Rosario Borruso

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

14. Maiden name..... Louisa Secreti

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

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?.....

16. (a) Informant..... Mrs. Leo Spina

(b) Address..... 1218 Blackstone Ave.

17. (a) Burial (b) Date thereof..... 5-14-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Memorial Park Cemetery

18. (a) Signature of funeral director..... J. F. Bredek

(b) Address..... 1150 N. Kingshighway Blvd

19. (a) MAY 12 1945 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

While at work?..... (Specify type of place)

(c) Means of injury.....

23. Signature..... Herbert C. Fritz (M. D. or other).....

Address..... 1515 Lagayette 5/21/45
Date dictated

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

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.