V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22222

FILED AUG 3 1945

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 6395

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: 4103 Peck St.
(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)
In this community 25 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. 4103 Peck St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Vincent (Jim) LoPiccolo.
3. (b) If veteran, name war None
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 Catherine LoPiccolo
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. 18, 1887 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
58	6	3	hr. min.

9. Birthplace Italy (City, town, or county) (State or foreign country)
10. Usual occupation Tavern Owner
11. Industry or business Self

MOTHER FATHER
12. Name Vincenzo LoPiccolo
13. Birthplace Italy (City, town, or county) (State or foreign country)
14. Maiden name Catherine Passalaqua
15. Birthplace Italy (City, town, or county) (State or foreign country)

16. (a) Informant Victor LoPiccolo
(b) Address 4103 Peck St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Bernard Niebauer
(b) Address 1431 Union Blvd.
19. (a) JUL 24 1945 (Date received by local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1945 hour 3 minute 20 p. M.
21. I hereby certify that I attended the deceased from July 25 1945 to July 21 1945 that I last saw him alive on July 21 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 day
Due to Malignant Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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) none
(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. A. Stupelite (M. D. or other) MD
Address 5555 N. Grand Date signed 7/23/45

(Licensed Embalmer's Statement on Reverse Side)

Nor J O Scopolite
4222 No Ground
Ce 6835

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 [signature]

Licensed Embalmer No. 2915

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.