

FILED AUG 13 1945

100

6372

Registration District No.

Primary Registration District No.

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:
St. Luke Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... **2 Weeks**
(Specify whether
 In this community..... **35 Years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **000**
 (c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No..... **2951 Montgomery St.**
(If rural, give location)
 (e) Citizen of foreign country?..... **No.** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME..... **Joe Milazzo**

3. (b) If veteran, name war..... 3. (c) Social Security No..... **494-10-6914**

4. Sex..... **Male** 5. Color or race..... **White** 6. (a) Single, widowed, married, divorced..... **Married**
 6. (b) Name of husband or wife..... **Antonia** 6. (c) Age of husband or wife if alive..... **46** years
 7. Birth date of deceased..... **March 19 1888**
(Month) (Day) (Year)

8. AGE: Years..... **57** Months..... **4** Days..... **12** If less than one day..... hr. min.

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

10. Usual occupation..... **Labor**

11. Industry or business.....

12. Name..... **Joe Milazzo**
 13. Birthplace..... **Mazzara Italy**
(City, town, or county) (State or foreign country)
 14. Maiden name..... **Catherine Vengi**
 15. Birthplace..... **Scilly Italy**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs. Antonia Milazzo**
 (b) Address..... **2951a Montgomery St.**

17. (a)..... **Burial** (b) Date thereof..... **Aug. 6-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **calvary cemetery**

18. (a) Signature of funeral director..... **P. Miceli - Sons**
 (b) Address..... **1150 N. Kingshighway Blvd.**

19. (a)..... **AUG 4 1945** (b)..... **J. F. Bredek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Aug** day..... **1**
 year..... **1945** hour..... **09** minute..... **50** P. M.

21. I hereby certify that I attended the deceased from..... **3-7-45**
 19..... to..... **8-1-45** 19.....
 that I last saw him alive on..... **8-1-45** 19.....
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Recurrent carcinoma of tongue with metastasis

Due to..... **to Deep Cervical Lymph**

Due to..... **nodes**

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

Major findings:
 Of operations..... **As above**
 Of autopsy..... **none**

Duration

1 1/2 yr

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?

While at work?..... (Specify type of place)
 (e) Means of injury.....

23. Signature..... **Louise J. Jones** (M. D. or other)
 Address..... **320 W. 4th St.** Date signed..... **8/6/45**

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

FATHER {
 MOTHER {

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.....

John Agnoski

Licensed Embalmer No. *3398*

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.