

U.S. No. 2
 FORM-5-43
 Rev. 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF CENSUS
 THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21888
 Registrar's No. 1814

Registration District No. 37 Primary Registration District No. 6076

1. PLACE OF DEATH:
 (a) County St. Louis
Carsonville
 (b) City or town
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
8600 Natural Bridge Road. /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community..... 50 years.
 years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4434 Ashland Ave.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Vincent Benincasa
 3. (b) If veteran, name war..... None 3. (c) Social Security No. 496-18-2275
 4. Sex Male 0 5. Color or race White
 6. (a) Single, widowed, married, divorced Married.
 6. (b) Name of husband or wife Maria A. Benincasa. 6. (c) Age of husband or wife if alive 58 years
 7. Birth date of deceased March 11, 1884
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 14
 year 1945 hour 8. minute 30 P. M.
 21. I hereby certify that I attended the deceased from May 5, 45
 1945 to July 11 1945
 that I last saw him alive on July 11 1945
 and that death occurred on the date and hour stated above.
 Immediate cause of death Coronary thrombosis
 Duration

8. AGE: Years Months Days If less than one day
61 4 3 hr. min.

Due to 94a
 Due to.....
 Other conditions arteriosclerosis
 *(Include pregnancy within 3 months of death)

9. Birthplace Palermo, Italy 5
 (City, town, or county) (State or foreign country)
 10. Usual occupation Registered Pharmacist.

PHYSICIAN
 Major findings:
 - Of operations.....
 Of autopsy.....
 Underline the cause to which death should be charged statistically.

11. Industry or business O'Donnell Drug Store.
 12. Name Frank Benincasa
 13. Birthplace Italy 5
 (City, town, or county) (State or foreign country)
 14. Maiden name Grace Bonocuore.
 15. Birthplace Italy 5
 (City, town, or county) (State or foreign country)

16. (a) Informant Maria A. Benincasa
 (b) Address 4434 Ashland Ave.

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?

17. (a) Burial (b) Date thereof July 18, 45
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery

23. Signature Luigi J. Benivelli (M. D. or other) M.D.
 Address 4155 N. Newstead Date signed.....
 While at work? (Specify type of place) (c) Means of injury

18. (a) Signature of funeral director Robert Nechacek
 (b) Address 1431 Union Blvd.
 19. (a) 7-19-45 (b) E. J. M. Garrison M.D.
 (Date received local registrar) (Registrar's signature) msa

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

96600

7/16/45

*Joe 20 Renewed
4155 26 Newell Street
Los Angeles Calif -*

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 *James R. Heber*

Licensed Embalmer No. *5915*

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.