

FILED AUG 24 1945 STANDARD CERTIFICATE OF DEATH

State File No. 25925

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7091

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:
5900 Elmbank 1
(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..... 42 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. 5900 Elmbank
(If rural, give location)

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

If yes, name country Italy

3. (a) PRINT FULL NAME santo Mannisi

3. (b) If veteran, name war.....

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11th
year 1945 hour 3:30 PM minute..... M.

21. I hereby certify that I attended the deceased from Aug 5, 1945 to Aug 11, 1945
that I last saw him alive on Aug 11, 1945
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 Francesca

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

7. Birth date of deceased January 2, 1865
(Month) (Day) (Year)

Immediate cause of death Myocardial Degeneration

Duration.....

8. AGE: Years Months Days If less than one day

80 7 9 hr. min.

Due to Arterio-sclerosis

Due to.....

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

Other conditions (include pregnancy within 3 months of death)

Major findings: 93

Of operations.....

Of autopsy.....

10. Usual occupation Labor

11. Industry or business.....

MOTHER FATHER { 12. Name Antonino Mannisi

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

14. Maiden name Maria (Unknown)

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Antonino Mannisi

(b) Address 5900 Elmbank

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

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

(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?.....

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Miceli - Sons

(b) Address 1150 N. Kingshighway Blvd.

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

23. Signature J. F. Bredek (M. D. or other)

Address 1007 Cass Date signed 8-13-45

19. (a) AUG 13 1945 (b) J. F. Bredek
(Date received in local registry) (Registrar's signature)

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.....

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.