

V. S. No. 2  
FORM-2-43  
Rev. 5-17-39  
I X35597

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

32267

**FILED OCT 25 1945**  
**STANDARD CERTIFICATE OF DEATH**  
318 1003

State File No. \_\_\_\_\_  
Registrar's No. **8873**

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:  
**Accident - en way to hospital }  
Entrance to City Hospital**  
(If not in hospital or institution, give street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ 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. **6269 Loran** (If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No) **0**  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Dominic Pizzo**  
**3. (b) If veteran,** name war \_\_\_\_\_ **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** **Della** **6. (c) Age of husband or wife if** **25**  
**7. Birth date of deceased** **September 8 1916**  
(Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day  
**29 1 4** hr. min.

**9. Birthplace** **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Plumber**

**11. Industry or business** \_\_\_\_\_

MOTHER FATHER

**12. Name** **Giuseppe Pizzo**  
**13. Birthplace** **Terrasini Italy**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Rosa Mazzola**  
**15. Birthplace** **Terrasini Italy**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Della Pizzo**  
**(b) Address** **6269 Loran**

**17. (a) Burial** **(b) Date thereof** **Oct. 16-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Calvary Cemetery**

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

**19. (a) OCT 15 1945** **(b) J. F. Budick**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Oct** day **12** year **1945** hour **9** minute **30** A.M.  
**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred \_\_\_\_\_ on the date and hour stated above.

**2. Immediate cause of death** **Fracture of skull**  
**3. Cause of death** **Fracture of skull**  
**which he was driving** **with a automobile, being driven**  
**by one James Anthony Shouley**  
**at the intersection of Taylor and**  
**Maple Ave. about 9:30 a.m.**  
**Oct. 12, 1945**  
(Immediate pregnancy within 3 months of death)

**PHYSICIAN**  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_  
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)** **Accident**  
**(b) Date of occurrence** **Oct 12 1945**  
**(c) Where did injury occur?** **St Louis Mo**  
(City or town) (County) (State)  
**(d) Did injury occur in or about home, on farm, in industrial place, in public place?** **Public Streets**

**While at work** (Specify type of place) **(c) Means of injury** **Car**

**23. Signature** **J. F. Budick & J. F. Budick** (M.D. or other)  
**Address** **City &** **Date signed** **10/15/45**

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

6269 Loran

**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.**