. S. No. 2
00M—2-43
ev. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 22 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34552

State File No. 8

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. ~~8990~~ 2421

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town (Rural) ~~Clayton~~ Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write 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 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3131a Norwood Avenue 9
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME CHARLES P. CERESIA
3. (b) If veteran, name war ..... 3. (c) Social Security No. .....
4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Ceresia (Pusateri) 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased March (Month) 19th (Day) 1884 (Year)

8. AGE: Years	Months	Days	If less than one day
61	6	28	..... hr. ..... min.

9. Birthplace ..... (City, town, or county) ITALY (State or foreign country) 5
10. Usual occupation Owner of Fruit Market
11. Industry or business FRUIT MARKET
FATHER
12. Name Ceresia
13. Birthplace ..... (City, town, or county) Italy (State or foreign country) 5
MOTHER
14. Maiden name Marfisi
15. Birthplace ..... (City, town, or county) Italy (State or foreign country) 5
16. (a) Informant Mrs. Mary Ceresia-Wife
(b) Address 3131a Norwood Avenue,
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-20-45 (Month) (Day) (Year)
(c) Place: burial or cremation Int. Calvary Cemetery
18. (a) Signature of funeral director Sullivan Funeral Home
(b) Address 2849 North Euclid Avenue.
19. (a) OCT 18 1945 (Date received local registrar) (b) E. M. Gonan M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17th year 1945 hour 4:45 minute A. M.
21. I hereby certify that I attended the deceased from May 11 1944 to October 17 1945; that I last saw him alive on October 16 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion R.

Due to Coronary Heart Disease 131a

Due to Coronary Atherosclerosis
Left ventricular infortation.
Renal Arteriolar Sclerosis
Other conditions (Include pregnancy within 3 months of death) Congestion liver & spleen; Hypertension.

Major findings:
Of operations .....
Of autopsy Yes. See above.

Duration

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) No
(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 James F. Hodges (M. D. or other)
Address 1004 Missouri Theatre Bldg. Date signed 10-17-45

707

(Licensed Embalmer's Statement on Reverse Side)

Dr. J. P. Wade-

Je 8620

Mo. Thtra. Bldg

OCT 27 1945

20

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. Robert L. Grutman

Licensed Embalmer No. 3553

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.