. S. No. 2
00M—2-43
ev. 5-17-39
1 X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35768

FILED NOV 23 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9936

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: Faith 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 12/7
(If outside city or town limits, write "RURAL")

(d) Street No. 928 N. Kingshighway 7
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 5

If yes, name country

3. (a) PRINT FULL NAME Bartolomeo Raziano

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Josie

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Jannuary (Month) 29 (Day) 1893 (Year)

8. AGE: Years 52 Months 9 Days 14 If less than one day hr. min.

9. Birthplace Castelvetrano (City, town, or county) Italy 5 (State or foreign country)

10. Usual occupation Photographer

11. Industry or business

FATHER
12. Name Giuseppe Raziano 5
13. Birthplace (City, town, or county) Italy 5 (State or foreign country)

MOTHER
14. Maiden name Giovanna
15. Birthplace (City, town, or county) Italy 5 (State or foreign country)

16. (a) Informant Josephine Raziano
(b) Address 2954 Montgomery St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 17.1945 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

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

19. NOV 16 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13
year 1945 hour 11 AM minute M.

21. I hereby certify that I attended the deceased from Nov. about 7, 19 to 11/13/45, 19
that I last saw him alive on Nov 13, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive cardio vascular disease

Due to

Due to

Other conditions Nephritis Chronic
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Same

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)
(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 A J Signorelli (M. D. or other) MD
Address 2801 N Taylor Date signed 11/15/45

(Licensed Embalmer's Statement on Reverse Side)

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. 2864

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.