

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

1035.

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 21 1946
318

Primary Registration District No. 1003

Registrar's No. 200

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:
City 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)

3. (a) PRINT FULL NAME Joseph Vargo

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

Rose Vargo alive 72 years7. Birth date of deceased..... July 25 Th 1872
(Month) (Day) (Year)8. AGE: Years 73 Months 5 Days 11 If less than one day
hr. min.9. Birthplace Hungaria 4
(City, town, or county) (State or foreign country)10. Usual occupation Retired Blacksmith

11. Industry or business.....

12. Name Not Known 1113. Birthplace Hungaria 7
(City, town, or county) (State or foreign country)14. Maiden name Not Known15. Birthplace Hungaria 4
(City, town, or county) (State or foreign country)16. (a) Informant Joseph Vargo(b) Address 5016 A, Emmerson Ave17. (a) Burial (b) Date thereof Jan 9 Th
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cem.18. (a) Signature of funeral director Edward T. Koch(b) Address 3516 N 14 Th Str19. (a) J. F. Bredet
(Date received local Registrar's) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County.....
 (c) City or town St Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1124 Angelica Str
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6
year 1946 hour 10 minutes 20 M.21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....
that I last saw h..... alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Cerebral Cyst

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)Major findings:
Of operations.....

Of autopsy.....

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 323. Signature Thomas F. Callahan (M. D. or other)Address Carrollton Date signed 1-7-46

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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 Ronald O. Zehner
Licensed Embalmer No. 3917
P. O. Address Blaine

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.