

FILED MAR 18 1946  
Registration District No.

Primary Registration District No. 1003

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

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:  
4139a Maffitt Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
31 years (Specify whether years, months or days)

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. 4139a Maffitt Ave.  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Gaetano Provenzano

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 Mary

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased April 24 1892  
(Month) (Day) (Year)

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

53 9 25 hr. min.

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

10. Usual occupation Labor

11. Industry or business.....

MOTHER FATHER } 12. Name Vineenzo Provenzano

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

14. Maiden name Cosima Aguglia

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

16. (a) Informant Mary Provenzano

(b) Address 4139a Maffitt

17. (a) Burial (b) Date thereof Feb. 23-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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

(b) Address 1150 N. Kingshighway Blvd.

19. (a) FEB 21 1946 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19 year 1946 hour 9 minute 0 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 Fracture Skull Cap and of the right leg of self when deceased jumped from second floor of 4139 Maffitt Ave. on Feb. 19, 1946 at about 9:00 P.M. while suffering from temporary mental deterioration Duration.....

Other conditions (Include pregnancy within 3 months of death).....

Major findings: Of operations [Signature] Of autopsy.....

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) suicide

(b) Date of occurrence Feb 19 1946

(c) Where did injury occur? at home  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work?..... (Specify type of place) Means of injury 600 lbs

23. Signature [Signature] (M. D. or other) 3

Address [Signature] Date signed 2/21/46

**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 *Albert R. Thompson Jr*

Licensed Embalmer No. *4297*

P. O. Address *St. Louis*

**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.**