

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14931

State File No. _____

FILED APR 24 1946
318

Primary Registration District No. _____

Registrar's No. 3455

1. PLACE OF DEATH:

(a) County St Louis
(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
(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 Vincent Luplaca

3. (b) If veteran, name war no 3. (c) Social Security No. 499-01-7746

4. Sex male 5. Color white 6. (a) Single, widowed, married, divorced married

(b) Name of husband or wife Pastenzia 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 30 1888
(Month) (Day) (Year)

8. AGE: Years 57 Months 6 Day 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation laborer

11. Industry or business _____

12. Name Belonia Luplaca

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

14. Maiden name Giuseppa Abata

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

16. (a) Informant Mrs C Luplaca

(b) Address 1807 Marconi

17. (a) burial (b) Date thereof April 15 1946
(Burial, cremation, or removal) (Day) (Year)

(c) Place: burial or cremation New St John's Gamp

18. (a) Signature of funeral director Saul C Calcutt
(b) Address 5142 N Daggett Ave

19. (a) APR 15 1946 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 13 000
(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1807 Marconi Ave 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12 year 1946 hour 4 minute 00 P. M.

21. I hereby certify that I attended the deceased from Jan 5 1946 to April 12 1946
that I last saw him alive on April 12 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 Day

Due to Arteriosclerotic Heart Dis

Due to _____

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

Major findings: Of operations _____

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) _____

(b) Date of occurrence _____

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

Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____ (e) Means of injury _____

23. Signature J. F. Bredek (M. D. or other) MD

Address 1931 Marconi Date signed 4/13/46

(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.....

Paul C. Calcaterra

Licensed Embalmer No. 2376

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.