

FILED DEC 17 1946

State File No. 0

Registration District No. 217

Primary Registration District No. 3068

Registrar's No. 3405

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
 (b) City or town Maplewood, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
7228 Southwest
 (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 Silva A. Vasselli

3. (b) If veteran, name war _____ 3. (c) Social Security No. 499-03-4954

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.
 6. (b) Name of husband or wife Susan 6. (c) Age of husband or wife if alive 63 years
 7. Birth date of deceased May, 6, 1886
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 7 25 _____ hr. _____ min.

9. Birthplace Labadie, Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Hauling

11. Industry or business _____

MOTHER FATHER { 12. Name Pompy Vassalli

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

14. Maiden name Elizabeth Collins

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

16. (a) Informant Susan Vassalli

(b) Address 7228 Southwest

17. (a) Burial (b) Date thereof Dec. 1, 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cem.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester Ave.

19. (a) 12-5-46 (b) Anthony Allen M.D.
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
 (c) City or town Maplewood, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 7228 Southwest
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1st
 year 1946 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 27, 1946, to Nov. 29, 1946
 that I last saw him alive on Nov. 29, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency, Duration Chronic
 Due to Diabetes Mellitus (Mild) chronic

Due to 61

Other conditions Heavy Cold (Influenza)
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy Kouen
 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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature A. T. Quinn (M. D. or other) _____
 Address 6917 Fidler Date signed 12/2/46

6977

JAN 13 1947

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 3454

Registered Apprentice No. _____

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.