

No. 2
-12-45
5-17-39
P I X47070

FILED FEB 3 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 640

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:
5357 Shaw 1
(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 _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5357 Shaw
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Carmelo Pozzo
(b) If veteran, name war No (c) Social Security No. 492-16-1604

4. Sex Male () 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Virginia Ferraris
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug + 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 5 14 hr. min.

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name John Pozzo 5

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

14. Maiden name Marcel Chelsea 9

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

16. (a) Informant Mrs. Virginia Pozzo
(b) Address 5357 Shaw Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 21, 1947
(Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul
(a) Signature of funeral director Paul C. Calcester
(b) Address 5142 Daggett Ave.

19. (a) JAN 20 1947 (Date received from Registrar) (b) J. P. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18th
year 1947 hour 87 minute 15 P. M.
21. I hereby certify that I attended the deceased from October 19, 1946 to January 18, 1947
that I last saw him alive on January 18, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of esophagus
Duration 9 Mos.

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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature Charles Montani (M. D. or other) MD
Address 5147 Daggett Ave. Date signed 1-20-47

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

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.