

6153 Stratford
11953
State File No. _____
Registrar's No. 674

FILED MAR 31 1947

Registration District No. _____

Primary Registration District No. 6076

State File No. _____

Registrar's No. 674

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7490 Hillsdale Drive
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 37 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 91
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2611a Slattery
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Italy

3. (a) PRINT FULL NAME Guiseppi Lucido

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased March 2 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 0 19 hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business Maintenance Work

12. Name Salvatore Lucido

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

14. Maiden name Carmello Ruffino

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

16. (a) Informant Samuel Lucido

(b) Address 6357 Stratford

17. (a) Burial (b) Date thereof Mar 25 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director BENSIEK-NIEHAUS

(b) Address 1431 Union Bl

19. (a) 3-26-47 (b) Ruth J. Allen M.D.
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1947 hour 8 minute 00 A. M.

21. I hereby certify that I attended the deceased from 1937
_____ 19____ to Mar. 21 1947

that I last saw him alive on Mar. 21 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative myocarditis Duration 5 yr.

Due to Diabetes Mellitus 15 yr.

Due to U

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? 0

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Joseph B. Succione (M. D. or other) M.D.

Address 6153 Stratford Date signed 3-24-47

PHYSICIAN

Underline the cause to which death should be charged statistically.

VS
SEP 9 1960

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

Frank Niehaus

Licensed Embalmer No. *2915*

P. O. Address *St Louis, Mo*

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.