S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED 292 JUL 2 1947 518

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22556

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 6354

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

1. PLACE OF DEATH:
(a) County .....
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 38 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County .....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5952 Goodfellow
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME VINCINZO PASSANANTE
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 Caterina
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Nov. (Month) 2 (Day) 1884 (Year)

8. AGE: Years 62 Months 8 Days 0 If less than one day ..... hr. ..... min.

9. Birthplace Campobello Di Mazzara, Italy
(City, town, or county) (State or foreign country)
10. Usual occupation Bartender
11. Industry or business .....

FATHER
12. Name Bartolomeo Passanante
13. Birthplace Campobello Di Mazzara, Italy
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rosalia Passanante
15. Birthplace Campobello Di Mazzara, Italy
(City, town, or county) (State or foreign country)

16. (a) Informant Caterina Passanante
(b) Address 5952 Goddfellow
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director P. Miele-Sons
(b) Address 1150 N. Kingshighway
19. (a) JUL 3 1947 (Date received local registrar) (b) D. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd year 1947 hour 9:15 minute P M.
21. I hereby certify that I attended the deceased from 7/2/47, 19....., to 7/2/47, 19.....; that I last saw him alive on 7/2/47, 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Respiratory arrest	
Due to: Cerebro Vascular hemorrhage	
Due to: Hypertension & arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death): LEFT Hemiplegia	

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause of 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 Roscoe F. Morton (M. D. or other) 7/3/47
Address 1515 Lafayette Date signed .....

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) Roscoe F. Morton

20 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Anthony J. Miceli

Licensed Embalmer No. 4277

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.