

No. 2
-1/47
-17-39

3387

FEDERAL BUREAU OF VITAL STATISTICS
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 10 1948
Registration District No. 377

Primary Registration District No. 3069

Registrar's No. 43

1. PLACE OF DEATH:

(a) County ST LOUIS

(b) City or town RICH HTS MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution ST MARYS HOSP
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 DAYS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST LOUIS

(c) City or town RICHMOND HTS MO
(If outside city or town limits, write "RURAL")

(d) Street No. 1744 Moorland Dr
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME BABY BOY MAZZOLA

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____

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

7. Birth date of deceased JAN 24 1948
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
		<u>2</u>	<u>7</u> hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name STEPHEN MAZZOLA D

13. Birthplace ST LOUIS MO
(City, town, or county) (State or foreign country)

14. Maiden name DOROTHY BERKEN HOLT

15. Birthplace ST LOUIS MO
(City, town, or county) (State or foreign country)

16. (a) Informant Stephen P. Mazzola

(b) Address 1744 Moorland Dr

17. (a) B.R.P.I.A. (Burial, cremation, or removal)

(b) Date thereof JAN 7 - 1948
(Month) (Day) (Year)

(c) Place: burial or cremation RESURRECTION CEM

18. (a) Signature of funeral director Walter Beck

(b) Address 6536 Clayton Rd

19. (a) 1-8-48 (Date received local registrar)

(b) Walter Beck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6 year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Jan 4 1948 and that death occurred on the date and hour stated above.

Immediate cause of death congenital alectasia

Due to prematurity

Due to 159

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

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? _____ (Specify type of place)

While at work? _____ Means of injury 0

Signature D. M. Riordan (M. D. or other) _____

Address 4500 Olive St Date signed 1/7/48

WRITE PLAINLY—USING 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 _____

working under my personal supervision.

Registered Apprentice No. _____

Not Embalmed

Signed _____

Licensed Embalmer No. _____

P. O. Address *1117 Boulevard*

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.