No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 28 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 6737

Registrar's No. 1468

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Firmin Desloge Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo (Specify whether years, months or days)

In this community 1 mo

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Illinois (b) County Williamson 11

(c) City or town Herrin (If outside city or town limits, write "RURAL") 0

(d) Street No. 1305 W Adams (If rural, give location) 2

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

If yes, name country

3. (a) PRINT FULL NAME Thomas Mascetti

3. (b) If veteran, name war

3. (c) Social Security No. 345-09-7060

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife THERESA

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased May (Month) 11 (Day) 1887 (Year)

8. AGE: Years 60 Months 8 Days 28 If less than one day hr. min.

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

10. Usual occupation Miner

11. Industry or business Coal

MOTHER FATHER

12. Name Philip Mascetti 5

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

14. Maiden name Louise Garingiale

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

16. (a) Informant Theresa Mascetti

(b) Address Herrin Ill

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-10-'48 (Month) (Day) (Year)

(c) Place: burial or cremation Herrin Ill

18. (a) Signature of funeral director Rowland Mortuary Service

(b) Address 1104 Manchester

19. (a) FEB 13 1948 (Date received local registrar) (b) J. F. Brunk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9th year 1948 hour 4 minute 20 P.M.

21. I hereby certify that I attended the deceased from Jan 15, 1948, to Feb 9, 1948, that I last saw him alive on Feb 9, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Broncho-pneumonia	3 days
Due to: Carcinoma of stomach with	6 Mos
Due to: metastases in lungs	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: None	
Of autopsy: None	

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? (e) Means of injury

23. Signature Ralph Nesella (M. D. or other)

Address 3720 Washington Date signed 2/10/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Van M. Sizemore

Licensed Embalmer No. 4343

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.