

FILED MAR 22 1948

Registration District No. **3797**

Primary Registration District No. **3062**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Brentwood, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8835 Manchester Rd.
(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

3. (a) PRINT FULL NAME Joseph Lupo
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 Mary (nee) Resek
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased March 20, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 11 17 hr. min.

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

10. Usual occupation Shoe Repairer

11. Industry or business _____

12. Name Joseph Lupo
13. Birthplace Italy
(City, town, or county) (State or foreign country)
14. Maiden name Catherine ?
15. Birthplace Italy
(City, town, or county) (State or foreign country)

16. (a) Informant David Lupo
(b) Address 5653 Julian Ave.
17. (a) Burial (b) Date thereof 3-9-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cemetary

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Rd.
19. (a) 3-8-48 (b) Carla Lupo
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Brentwood
(If outside city or town limits, write "RURAL")
(d) Street No. 8835 Manchester Rd.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 7
year 1948 hour 7 minute 55 A.M.

21. I hereby certify that I attended the deceased from
Feb 27, 1947 to Mar 7, 1948
that I last saw him alive on Mar 6, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis chr. with myocardial degeneration
Duration 8 yrs

Due to Asthma, bronchial 8 yrs

Due to 93d

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) (e) Means of injury _____
Signature CH Beckelman (M. D. or other) M.D.
Address 2615 Brentwood Blvd Date signed 3/8/48

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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.....

Licensed Embalmer No. *4029*

P.O. Address..... *Maplewood*

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.