FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11024

Registration District No. FILED MAR 22 1948 817

Primary Registration District No. 6076

Registrar's No. 726

96
0
0

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

1. PLACE OF DEATH:
(a) County SAINT LOUIS
(b) City or town PINE LAWN, MISSOURI
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4619 RAVENWOOD AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community CITIZEN 39 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County SAINT LOUIS 96
(c) City or town PINE LAWN 0
(If outside city or town limits, write "RURAL")
(d) Street No. 4619 RAVENWOOD AVENUE 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME VINCENT (JIM) BUZZETTA

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of husband or wife AMELIA BUZZETTA nee KETH

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

7. Birth date of deceased DECEMBER 13th, 1891
(Month) (Day) (Year)

8. AGE: Years 56 | Months 3 | Days 3 | If less than one day hr. min.

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

10. Usual occupation ELEVATOR OPERATOR

11. Industry or business PAUL BROWN BUILDING

FATHER
12. Name SAM BUZZETTA
13. Birthplace ITALY 5
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name LUCRECIA CAROLLO 5
15. Birthplace ITALY 5
(City, town, or county) (State or foreign country)

16. (a) Informant AMELIA BUZZETTA
(b) Address 4619 RAVENWOOD AVE, PINE LAWN, MO.

17. (a) BURIAL (b) Date thereof 3/20/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK CEMETERY

18. (a) Signature of funeral director CALVIN F. FEUTZ
(b) Address 4828 NATURAL BRIDGE BOULEVARD

19. (a) 3-18-48 (b) Cecil A. Sharp
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 16th
year 1948 hour 3 minute 00 P.M.

21. I hereby certify that I attended the deceased from October 11th, 1943 to March 16, 1948
that I last saw him alive on 3/16, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Silicosis — Duration Indef.

Due to 114 a

Due to

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? (e) Means of injury

23. Signature Jos A. Grosskreutz M.D. (M. D. or other)
Address 3601 Canna Drive Date signed 3/18-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

(200 w) 3601 Canna Ave. D
Ev: 5188 10 a.m.

APR 2 1948

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 John A. Milman

Licensed Embalmer No. 4786

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.