FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 26 1948

Registration District No. 218

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 18039

Registrar's No. 4520

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 913 ACADEMY
(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)

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. 913 ACADEMY
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME VINCENZA SOTTILE
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife CESARE
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased DEC. 10 1875
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 3 If less than one day hr. min.

9. Birthplace ITALY
(City, town, or county) (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business
MOTHER
12. Name GASPARE MINEO
13. Birthplace ITALY
(City, town, or county) (State or foreign country)
FATHER
14. Maiden name VINCENZA CUCUZA
15. Birthplace ITALY
(City, town, or county) (State or foreign country)
16. (a) Informant Louis Sottile
(b) Address 913 Academy Ave.
17. (a) BURIAL (b) Date thereof 5/15/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM.
18. (a) Signature of funeral director L. Mullen Undr.
(b) Address 5165 Delmar Blvd
19. (a) MAY 14 1948 (b) J. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 13th
year 1948 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 1931, to May 13 1948
that I last saw him alive on Apr 29 1948
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: acute cardiac failure (pulmonary edema) | 2 hr |
| Due to: Coronary sclerosis + | 5 yr. |
| Due to: asthma + | 8-10 yr |
| Other conditions (Include pregnancy within 3 months of death): hypertension | 16 yr |

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 E. D. Cassidy (M. D. or other) M.D.
Address 4952 Maryland Date signed 5-13-48

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.....

Licensed Embalmer No. 3384

P. O. Address St. Louis

**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.**