

MISSOURI DIVISION OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 21237
 Registrar's No. 6036

FILED JUL 15 1948

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.
 (b) City or town St. Louis, Missouri.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff
 (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 Missouri (b) County FTD
 (c) City or town St. Louis 17
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1362 Goodfellow Ave. 9
Memorial (If rural, give location)
 (e) Citizen of foreign country? No. 0
 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

JIM S. PRIVITOR

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 Single 0
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 29 1893
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 3 7 hr. _____ min. _____

9. Birthplace Italy 2
 (City, town, or county) (State or foreign country)

10. Usual occupation Shoe Maker

11. Industry or business _____

MOTHER FATHER { 12. Name James Privitor

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

14. Maiden name Inscrta Benedetta

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

16. (a) Informant Helen Privitor

(b) Address 1362 Goodfellow Ave.

17. (a) Burial (b) Date thereof 7-9-1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester Rd

19. (a) JUL 7 1948 (b) J. F. Brudick
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th
 year 1948 hour 10 minute 15 A M.

21. I hereby certify that I attended the deceased from 6/29/48
 _____, 19____, to July 6th, 1948;
 that I last saw him alive on July 6th, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Liver failure Duration
Metastatic carcinoma of
esophagus - Primary site unknown

Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

PHYSICIAN

 Underline the cause to 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. S. Sullivan (M. D. or other)
1515 Lafayette 7/6/48
 Address Date signed

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.....

J. P. Burgess

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.