

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

UNITED STATES DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **27964**  
Registrar's No. **7732**

FILED SEP 13 1948  
Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 5130 Wilson Ave.  
(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 FIorenzo LUPO

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years About 61 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Catholic priest

11. Industry or business \_\_\_\_\_

12. Name Albino Lupo

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

14. Maiden name Severina Lupo

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

16. (a) Informant Rev. A. Pulimbo

(b) Address 5130 Wilson Ave.

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

(c) Place: burial or cremation St. Peter & Paul

18. (a) Signature of funeral director Paul C. Calcester

(b) Address 5142 Daggett Ave.

19. (a) SEP 2 1948 (Date received local registrar) (b) J. J. Predack (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 5130 Wilson Ave. (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31 year 1948 hour 89 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from May 13 1948 to Aug. 31 1948  
that I last saw him alive on Aug. 31 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Carcinoma Duration \_\_\_\_\_

Due to Carcinoma - Pancreas

Due to \_\_\_\_\_

Other conditions Diabetes mellitus  
(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 \_\_\_\_\_

23. Signature J. J. Predack (M. D. or other) MD

Address 1931 Marconi Date signed \_\_\_\_\_

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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 Paul C. Calcaterra

Licensed Embalmer No. 2376

P. O. Address. 5142 Daggle

**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.**