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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31342**
Registrar's No. **8380**

FILED OCT 9 1948

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St. Louis, Mo.**
(b) City or town **St. Louis, Mo.**
(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 **0** (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **FELIX PEZZANI**

3. (b) If veteran, name war **None** 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife **Late Laura** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Dec. 28 1873**
(Month) (Day) (Year)

8. AGE: Years **74** Months **8** Days **26** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Unemployed**

11. Industry or business _____

12. Name **Unknown Pezzani**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Russell Pezzani**

(b) Address **6246 Magnolia Ave.**

17. (a) **Burial** (b) Date thereof **9-28-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Resurrection Cemetery**

18. (a) Signature of funeral director **Kriegshauser Und. Co.**

(b) Address **4228 S. Kingshighway Bl.**

19. (a) **SEP 25 1948** (Date received local registration)
J. F. Buesch (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5606 Arthur Ave.**
Memorial 14 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **24th**
year **1948** hour **9** minute **45** P. M.

21. I hereby certify that I attended the deceased from **9/16/48**
_____, 19____, to **Sept. 24th**, 19____
that I last saw him alive on **Sept. 24th**, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerotic Heart disease - Benign Prostatic Hypertrophy**
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **W. Carter** (M. D. or other)
Address **1515 Lafayette** **9/25/48**

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..... *Richard W. Stovesand*

Licensed Embalmer No..... *4007*

P. O. Address.....

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.