#90194

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31380
Registrar's No. 8577

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County
(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 9 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4215 Russell Blvd. (If rural, give location)
Memorial
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LOUIS RESCIA

3. (b) If veteran, name war No

3. (c) Social Security 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 Aug. 15 1886 (Month) (Day) (Year)

8. AGE: Years 62 Months 1 Days 16 If less than one day hr. min.

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

10. Usual occupation Retired.

11. Industry or business

MOTHER FATHER

12. Name Vincent Rescia

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

14. Maiden name Carmen Biancamano

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

16. (a) Informant Mrs Mary Bommarito
(b) Address 4215 Russell Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 4, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Bernard Meehan
(b) Address 1431 Union Blvd.

19. (a) OCT 1 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1st year 1948 hour 12 minute 40 A. M.

21. I hereby certify that I attended the deceased from 9/22/48, 19..., to Oct. 1st, 1948 that I last saw him alive on Oct. 1st, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to Arteriosclerotic Coronary artery disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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

Signature (M. D. or other)
Address 1515 Lafayette Date signed 10/1/48

(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. 2645

P. O. Address.....

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.