S. No. 300
v. 10.48

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

FILED OCT 1 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32984

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7991

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Missouri
c. LENGTH OF STAY (In this place) 2 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY
c. CITY OR TOWN MAPLEWOOD 54
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location) 3704 OXFORD 4544 1

3. NAME OF DECEASED (Type or Print)
a. (First) JOSEPH
b. (Middle) D
c. (Last) BUZZANGA

4. DATE OF DEATH (Month) (Day) (Year) AUGUST 14, 1953

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH 2-2-1883
9. AGE (In years last birthday) 70 — IF UNDER 1 YEAR: Months 6 Days 12 — IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED-BARBER
10b. KIND OF BUSINESS OR INDUSTRY BARBER
11. BIRTHPLACE (City and State or Foreign Country) ITALY
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME VITO-BUZZANGA
13b. MOTHER'S MAIDEN NAME ROSE-UNKNOWN
14. NAME OF HUSBAND OR WIFE MARY-BUZZANGA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. 499-01-2537C
17. INFORMANT'S SIGNATURE OR NAME MARY-BUZZANGA — **ADDRESS** 3704 OXFORD

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, widespread metastatic — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — primary site undetermined

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 199.9 (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-12-53, 19___, *to* 8-14-53, 19___, *that I last saw the deceased alive on* 8-14-53, 19___, *and that death occurred at* 10:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Sam R. Joseph MD (Degree or Title)
23b. ADDRESS 1515 Lafayette Avenue
23c. DATE SIGNED 8-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
24b. DATE AUG-18-1953
24c. NAME OF CEMETERY OR CREMATORY LAUREL HILL CEM.
24d. LOCATION (City, town, or county) ST. LOUIS COUNTY (State) MO

DATE REC'D BY LOCAL REG. AUG 17 1953
REGISTRAR'S SIGNATURE J. Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE JAY-B-SMITH **ADDRESS** 7456 MANCHESTER.

L.P. (Licensed Embalmer's Statement on Reverse Side)

Immediate cause: Carcinoma

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed ..... H C Burgess .....

Licensed Embalmer No. 40 2

P. O. Address Maplew

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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