

FEB 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

290
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City (d) Street No. **1227 N. 14th St.**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **146**

2. PRINT FULL NAME

Jasper Callico 420

(a) Residence, No. **1227 N. 14th St.** St. **25**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single.**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **None**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Apr. 21, 1917**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
20 8 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Coal Dealer**
9. Industry or business in which work was done, as saw mill, bank, etc. **Truck Driver**
10. Date deceased last worked at this occupation (month and year) **Jan. 3, 1938** 11. Total time (years) spent in this occupation **Life**

12. BIRTHPLACE (CITY OR TOWN) **St. Louis**
(STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **Pete Callica**

14. BIRTHPLACE (CITY OR TOWN) **Italy**
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Ida Mazzola**

16. BIRTHPLACE (CITY OR TOWN) **Italy**
(STATE OR COUNTRY)

17. INFORMANT **Mrs. S. Callico**
(ADDRESS) **1227 N. 14th St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemetery** DATE **Jan. 6, 1938**

19. FUNERAL DIRECTOR **Benjamin Richard**
(ADDRESS) **1138 N. 6th St.**

20. FILED **JAN 5 1938**
J. Bredeck Local Registrar.

NO PHYSICIAN IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 4th 1938**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at **9:30 p.m.**

The principal cause of death and related causes of importance were as follows:

Haemorrhage due to Ruptured Duodenal Ulcer.

Date of onset
11/17/37

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? **Yes.**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify **Joseph Mazzola**
(Signed) **Deputy Coroner**

(Address) **Deputy Coroner**

Cause of death information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Larry M. White, Licensed Embalmer No. 3973

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Larry M. White

Licensed Embalmer No. 3973

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.)