

DEC 12 1938

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

37693

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
 (b) Township St. Louis Primary Registration District No. 1003
 (c) City St. Louis (d) Street No. City Hospital Registered No. 10020
 (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.

2. PRINT FULL NAME Biagio Peluso

(a) Residence, No. 5115 Wilson A ve St. 13 Louis Mo.
 (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josephine Passanizi

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 9 17

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

12. BIRTHPLACE (CITY OR TOWN) Augusta
 (STATE OR COUNTRY) Italy

FATHER 13. NAME Francesco Peluso
 14. BIRTHPLACE (CITY OR TOWN) Augusta
 (STATE OR COUNTRY) Italy

MOTHER 15. MAIDEN NAME Sabastiana Romea
 16. BIRTHPLACE (CITY OR TOWN) Augusta Italy
 (STATE OR COUNTRY)

17. INFORMANT Mr. Frank Peluso
 (ADDRESS) 5115 Wilson Ave

18. BURIAL, CREMATION, OR REGIONAL INTERMENT St. Peter's Church DATE Nov 22 1938

19. FUNERAL DIRECTOR (NAME) Paul C. Calabrese
 (ADDRESS) 5142 Daggert Ave

20. FILED 21 1938 Local Registrar. J. Bredeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 19 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 11: A. m.

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

Coronary Sclerosis
Chronic Endocarditis

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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?
 If so specify _____
 (Signed) Joseph M. Jones M. D.
 (Address) St. Louis

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 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. Calcutt

Licensed Embalmer No.

2376

P. O. Address

5142 Daggi

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, above space should be left blank.