

REC'D JUN 12 1939

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

16655
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **781**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **Faith Hospital** St.
(e) Length of residence in city or town where death occurred **8 yrs. 9 mos.** ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **4189**

2. PRINT FULL NAME

(a) Residence, No. **657 4636 Newberry Terrace** St. **12**
(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 -----

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **August 19, 1930**

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

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

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

FATHER 13. NAME **Rosario Crimi**
14. BIRTHPLACE (CITY OR TOWN) **unknown**
(STATE OR COUNTRY) **Italy**

MOTHER 15. MAIDEN NAME **Vita Cappello**
16. BIRTHPLACE (CITY OR TOWN) **Italy**
(STATE OR COUNTRY)

17. INFORMANT **Anna Crimi**
(ADDRESS) **4636 Newberry Terrace**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Calvary** DATE **May 6, 1939**

19. FUNERAL DIRECTOR (NAME) **P. Miceli & Son**
(ADDRESS) **1150 No. K. neshighway Bl.**

20. FILED **MAY 5 1939** **J. J. Budach** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5/3, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **April 4, 1939, to 5/3, 1939**
I last saw him alive on **5/3, 1939**. Death is said to have occurred on the date stated above, at **6:00 p.m.**
The principal cause of death and related causes of importance were as follows:

Panocarditis (Rheumatic) & endocarditis
Endocarditis caused by rheumatic panocarditis
Date of onset **3/4/39**

Other contributory causes of importance:
56

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? **no**
If so, specify.....
(Signed) **P. Miceli**, M.D.
(Address) **1829 Cass**

N. B.—Every item of 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 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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

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.