

1939 SEP 6 1939

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

28114
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Idar Primary Registration District No. 1002 Registered No. 3116
(c) City Hannas (d) Street No. 224 Park 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.

2. PRINT FULL NAME

(a) Residence, No. 100 Alice DeFeo St.
224 Park (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clyde Angelo DeFeo
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 16 1874
7. AGE YEARS 65 MONTHS 10 DAYS 20 IF LESS than 1 day, hrs. or min.
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. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy
13. NAME Salvatore DeMayeo
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy
15. MAIDEN NAME Alice DeMayeo
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy
17. INFORMANT Louis DeFeo (ADDRESS) 3611 E 34th St
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt St Mary's DATE Aug 7 39
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Passantina Bros
K C Map
20. FILED 86 1939 M M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4 1939
22. I HEREBY CERTIFY, That I attended deceased from July 25, 1939, to Aug 4, 1939.
I last saw him alive on Aug 4, 1939. Death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:
Emphysema - Pulmonary
Hypertension, C. U. disease
E. Auricular Fibrillation
Date of onset 8-4-39
Other contributory causes of importance:
Atherosclerosis
Name of operation None Date of _____
What test confirmed diagnosis? EKG Was there an autopsy? No
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) Louise Black, M. D.
(Address) 924 Prof. B.P.
K. E. Mo

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.

Prof. P. P. P.
V. S. H. 81
until 4

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.....

P. O. Address.....

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.