

WITH PENNY-USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

JAN 12 1940

State File No. _____

Registration District No. 701

Primary Registration District No. _____

Registrar's No. 10392

1. PLACE OF DEATH: 1003

(a) County 1

(b) City or town St. Louis, Missouri

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1

(c) City or town St. Louis, Mo. 25
(If outside city or town limits, write "RURAL")

(d) Street No. 1431 N. 7th Street.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? abt. 35 years.

3. (a) PRINT FULL NAME Nicola Parisi 670

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3, year 1939 hour 12:50 minute _____ P. _____ M. _____

21. I hereby certify that I attended the deceased from November 30, 1939, to December 3, 1939, that I last saw him alive on December 3, 1939, and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Grazia Parisi

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased July 10, 1874.
(Month) (Day) (Year)

Immediate cause of death _____
Infarct of Heart.
Infarct of lung, caused
by coronary thrombosis
non-traumatic, non-tubercular

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically

8. AGE: Years _____ Months 4 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Italy
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Fish Dealer
Fish Market

11. Industry or business _____

12. Name Anthony Parisi

13. Birthplace Italy

14. Maiden name Giuliana Misuraca
(City, town, or county) (State or foreign country)

15. Birthplace Italy
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Nicola Parisi

(b) Address 1431 N. 7th Street

17. (a) Burial (b) Date thereof Dec. 6, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Dorothy Nicholas

(b) Address 1431 Union Blv'd

19. (a) DEC 5 1939 (b) _____
(If not received local registrar) (City, town, or county)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

23. Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (a) Means of injury 1

23. Signature Harold Friedman M.D. (M. D. or other)

Address 1515 Lafayette, 12/6/39

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.....

H. M. White

Licensed Embalmer No. *1973*

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.