

S. No. 2
-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20035

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4983

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(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 11 Days
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Nunzioto Barresi 620

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex M

5. Color or race White

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

6. (b) Name of husband or wife Anna

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years about 77 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Not known 9
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe Worker 9

11. Industry or business _____

12. Name Frank Barresi 9

13. Birthplace Not known Italy
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Barresi

(b) Address 2123 N 10th St

17. (a) _____ (b) Date thereof June 8 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic

18. (a) Signature of funeral director John Ziegler

(b) Address 7027 Kearney

19. (a) JUN 7 1940 (Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town 2123 N 10th St 26
(If outside city or town limits write "RURAL")

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6, year 1940 hour 3:25 minute P. M.

21. I hereby certify that I attended the deceased from May 24, 1940, to June 6, 1940, that I last saw him alive on June 6, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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

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

(b) Date of occurrence _____

(c) 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? _____

23. Signature [Signature] (M. D. or other) _____
Address 1515 Lafayette Date signed 6/6/40

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.