

No. 2
1-10-39
17-37
X2

SEP 25 1940

791

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6533

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis City Hospital
(c) Name of hospital or institution: St. Louis
(If not in hospital or institution, write street number or location) 3
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 2803 Rear Hamble
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

In this community _____ years, months or days

3. (a) PRINT FULL NAME NICK SPASATO 173

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

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

8. AGE: Years Adm 75 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Labourer

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
13. Birthplace "
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace "
(City, town, or county) (State or foreign country)

16. (a) Informant Thos. Malloy S. P.
(b) Address 5250

17. (a) _____ (b) Date thereof 7-18-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W. Prother
(b) Address 3500 Parkway

19. (a) AUG 2 1940 (b) J. G. Brudick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 3
year 1940 hour 2:40 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Heart
Degraded Buyer of the
Entire body suffered
from fire of undetermined
origin in garage at
2803 Rear Hamble
St. Louis 2:40 AM July 3-1940

Other conditions Damage to Bldg. 12500
(Include pregnancy within 6 months of death)
Major findings: Contents 5000
Of operations _____

Of autopsy Accident

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

(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 7/3/40
(c) Where did injury occur? St. Louis
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, or industrial place, in public place?
Home + Garage
While at work? _____ (Specify type of place) _____
(c) Means of injury _____

23. Signature J. M. Lusk (M. D. or other) _____
Address _____ Date signed _____

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.