

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30716

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7993

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5536a Hebert St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5536a Hebert St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 37 years.

3. (a) PRINT FULL NAME Ernesto Pierotti

3. (b) If veteran, name war..... 3. (c) Social Security No. 375-03-0853

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

6. (b) Name of husband or wife..... Armida 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased January 26, 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 7 27 hr. min.

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

10. Usual occupation Plasterer

11. Industry or business Ornamental Plastering

12. Name Giuseppe Pierotti

13. Birthplace Baghi Di Lucca Italy
(City, town, or county) (State or foreign country)

14. Maiden name Domenica (unknown)

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

16. (a) Informant's own signature Harry J. Santigi

(b) Address 5652a St. Louis Ave.

17. (a) Burial (b) Date thereof 9/26/1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Miceli-Son

(b) Address 1150 No. Kingshighway

19. (a) Sept 25 1940 (b) J. J. [Signature]
(Date of filing) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23rd
year 1940 hour 10 minute P M.

21. I hereby certify that I attended the deceased from July 19th, 1940, to Sept 23rd, 1940, that I last saw him alive on Sept 21st, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver Primary and Stomach, Metastatic

Due to not known

Due to 46

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations Same as above

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?
(Specify type of place) (e) Means of injury.....

23. Signature John G. Korzelman (M. D. or other)

Address 16677 Elmwood Date signed 9/24/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.