

Registration District No. 791 Primary Registration District No. 1003

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

NOV 16 1940

1. PLACE OF DEATH:  
(a) County St. Louis, Mo.  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution: Mo. Baptist Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

8. (a) PRINT FULL NAME Lorenzo Pittaluga

8. (b) If veteran, name war X 8. (c) Social Security No. X

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

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug 26 1873  
(Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Bartender

11. Industry or business \_\_\_\_\_

12. Name (Unknown) Pittaluga

13. Birthplace Kentucky (City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Lawrence Pittaluga  
(b) Address 2615 Market St.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/24/40  
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Sullivan Und. Co.

(b) Address 2849 N. Euclid Ave.

19. (a) OCT 23 1940 (b) J. J. Bredner (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County St. Louis, Mo.  
(c) City or town 2615 Market St. 21  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21  
year 1940 hour 10 minute 20 P.M.

21. I hereby certify that I attended the deceased from Jan 14 1935, 1920, to Oct 20 1940  
that I last saw him alive on Oct 20 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral accident Sudden

Due to Generalized arteriosclerosis 5 years  
Hypertension 5 years

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (s) Means of injury \_\_\_\_\_

23. Signature Joseph J. Cieri (M. D. or other) Address 462 N. Taylor Date signed 10/23/40

Duration  
Sudden  
5 years  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

21. West  
462 McJary Corral  
Tuesday 11 am

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 Albert Mayfield

Licensed Embalmer No. 3077

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.**