

No. 2  
4-13-40  
-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

36407

STANDARD CERTIFICATE OF DEATH

NOV 25 1940  
784

Registration District No. 784

Primary Registration District No. 111

State File No. \_\_\_\_\_

Registrar's No. 2042

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Rock Hills  
(c) Name of hospital or institution: ST MARY HOSPITAL  
(d) Length of stay: In hospital or institution 47 Days  
In this community 47 years, months & days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County St. Louis  
(c) City or town ST LOUIS  
(d) Street No. 5124 SHAW  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME BASSO VINCENTO

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

4. Sex M. 5. Color or race W 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 SEPT 14 1940  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
1 16 hr. min.

9. Birthplace ST LOUIS MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

12. Name Alessandro Saffo

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

14. Maiden name Virginia Frasier

15. Birthplace St Louis MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Alessandro Saffo  
(b) Address 5124 Shaw

17. (a) Burial: \_\_\_\_\_ (b) Date thereof OCT 31-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. PETER AN PAUL CEMETERY

18. (a) Signature of funeral director P. Nicali - son  
(b) Address 1150 N. Kingshighway  
19. (a) OCT 30 1940 (Date received local registrar) (b) DR. M. W. ... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30 year 1940 hour 3 minute 45 AM.

21. I hereby certify that I attended the deceased from 10 22 1940 to 10 / 30 1940  
that I last saw him alive on 10/30 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Mesenterica Duration 3 d?

Due to Prerenal and mesasms

Due to \_\_\_\_\_

Other conditions 159  
(include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy mesasms and peritonitis

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

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) (e) Means of injury \_\_\_\_\_

23. Signature Mark H. Donovan MD (M. D. or other) Address St. Mary Hosp Date signed 10/30/40

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

6  
7  
3

2100  
NAH2

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**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, fact should be so stated above.**