

FEB 14 1941
Registration District No. 784

Primary Registration District No. 222

Registrar's No. 216

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Rose Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days) 5 days

3. (a) PRINT FULL NAME De Basio, ANTONIO

3. (b) If veteran, name war No

3. (c) Social Security No. 9

4. Sex Male
5. Color or race White

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

6. (b) Name of husband or wife Maria De Basio

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased June 20, 1872
(Month) (Day) (Year)

8. AGE: Years 68 Months 7 Days 9 If less than one day hr. min.

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

10. Usual occupation Construction Foreman

11. Industry or business Pittsburgh Plate Glass Co

12. Name Louis De Basio

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

14. Maiden name Catherine Hallador

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

16. (a) Informant's own signature John De Basio

(b) Address 1456 Telegraph Rd. St. Louis

17. (a) Burial (b) Date thereof Feb 2, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cry Frestles mo

18. (a) Signature of funeral director Anthony R. Pette

(b) Address Crystal City, Mo

19. (a) JAN 29 1941 (b) St. Rose Sanatorium
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lemay
(c) City or town St. Louis Missouri Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. 1456 Telegraph Road
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29 year 41 hour 1 minute 20 A.M.

21. I hereby certify that I attended the deceased from 1/24, 1941 to 1/29, 1941
and that death occurred on the date and hour stated above. 1/29, 1941

Immediate cause of death Pulmonary Hemorrhage
Due to Pulmonary Tuberculosis Duration 7 years

Due to 1 3 18

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) (e) Means of injury _____

23. Signature L. E. Gerson (M. D. or other) St. Rose Sanatorium
Address St. Rose Sanatorium Date signed 1-29-41

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

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.

MAY 12 1942

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.