

15311

S. No. 2

-1-4-41

5-17-39

P I X26390

FILED APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. **9079**Registration District No. **7911** Primary Registration District No. **1003**Registrar's No. **2489**

## 1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town **St. Louis, Missouri**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**St. Louis City Hospital #1** ( )  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1 Mo. 13 Days**  
 (Specify whether  
 In this community **30 years.**  
 years, months or days) **(ROSARIO)**

3. (a) PRINT **Rosi Spica**  
FULL NAME3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **499-01-8657**

4. Sex **Male** ( ) 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Maria**  
 6. (c) Age of husband or wife if alive **55** years  
 7. Birth date of deceased **April 25 1884**  
 (Month) (Day) (Year)

8. AGE: Years **56** Months **10** Days **23** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace **Monte Lembre** **5 Italy**  
(City, town, or county) (State or foreign country)10. Usual occupation **Labor**

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

MOTHER FATHER { 12. Name **Francesco Spica**  
 { 13. Birthplace \_\_\_\_\_ **5 Italy**  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name **Angela Terranova**  
 { 15. Birthplace \_\_\_\_\_ **5 Italy**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Joe Spica**  
 (b) Address **2535 Warren**  
 17. (a) **Burial** (b) Date thereof **Mar. 21-41**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **P. Mueli - Son**  
 (b) Address **1150 N. Kingshighway Plyd.**  
 19. (a) **MAR 19 1941** (b) **J. Brudick**  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **200**  
 (c) City or town **St. Louis**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **2535 Warren**  
 (If rural, give location) **1**  
 (e) Citizen of foreign country? **0** (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **18**,  
year **1941** hour **4:15** minute \_\_\_\_\_ A. M.21. I hereby certify that I attended the deceased from **February 5**, 19**41**, to **March 18**, 19**41**;  
that I last saw him alive on **March 18**, 19**41**;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

**Cystitis**  
**Suppurative nephritis**  
 Due to **Urteral stricture (neoplasm)**  
**metastases to peritoneum & lungs**  
 Due to **Carcinoma metastases to uterus**  
**Carcinoma of skin of buttock**  
 Other conditions **Primary syph**  
 (Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_Of autopsy **As above**

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 **Wilson Brown** (M. D. or other) **MD**  
Address **1515 Lafayette Avenue** Date **3/18/41**

(Licensed Embalmer's Statement on Reverse Side)

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, <sup>and</sup> ~~by~~ .....

*Anthony J. Miceli* ....., 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, fact should be so stated above.**