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13-40
7-39
X23159

MAY 9 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15857

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 809

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(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 Mo. (b) County St. Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 476 Hawthorne Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? 1 years.

3. (a) PRINT FULL NAME JOHN RAVARINO

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 13th
year 1941 hour 10:10 minute A.M. M.

3. (b) If veteran, name war. None
3. (c) Social Security No. 488-10-3551

21. I hereby certify that I attended the deceased from Mar 17 to Apr 13, 1941.
that I last saw him alive on Apr 13, 1941.
and that death occurred on the date and hour stated above.

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

Immediate cause of death
metastatic Carcinoma
Respiratory Failure

6. (b) Name of husband or wife Charlotte Ravarino
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Dec. 24th 1876
(Month) (Day) (Year)

Due to Carcinoma of Bladder
Due to 528

8. AGE: Years 64 Months 3 Days 20
If less than one day hr. min.

Other conditions
Major findings: Ca of Bladder
Of operations July 1940
Of autopsy

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

10. Usual occupation Macaroni Business

11. Industry or business

12. Name Francis Ravarino

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

14. Maiden name Caroline Bassi

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

16. (a) Informant Albert Ravarino

(b) Address 476 Hawthorne Ave.

17. (a) Entombment (b) Date thereof 4-16-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Mausoleum

18. (a) Signature of funeral director Kriegshauser Mortuar

(b) Address 4228 So. Kingshighway Blvd.
19. (a) APR 14 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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?

23. Signature [Signature] (M. D. or other)
Address 624 N. Grand Date signed 2-14-41

(Licensed Embalmer's Statement on Reverse Side)

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

No. 3661
J. 3661 11-2
Mo. Theatre Bldg.

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 *Reinhold K. Lohman*

Licensed Embalmer No. *3395*

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.