

No. 2
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FILED MAY 9 1941

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 902

Registration District No. 784

Primary Registration District No. 200

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Wellston
(c) Name of hospital or institution:
6205 Ridge Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Sam Pecoraro Sr.
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ann Pecoraro
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Feb. 27, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 1 29 _____hr. _____min.

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER {
12. Name Philip Pecoraro
13. Birthplace Italy
(City, town, or county) (State or foreign country)
14. Maiden name Frances Viscardi
15. Birthplace Italy
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ann Pecoraro
(b) Address 6205 Ridge Ave

17. (a) Burial (b) Date thereof 4/29/41.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.

19. (a) APR 28 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 46
(a) State Mo. (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 6205 Ridge Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 26
year 1941 hour 10.05 minute A.M. M.

21. I hereby certify that I attended the deceased from Mar.
12, 1941, to April 26, 1941;
that I last saw h. im alive on April 24, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic Myocarditis 1 yr.
Diabetes Mellitus 8 yr.
Due to Extreme Marasmus 1 yr.

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death) 61

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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)
(b) Means of injury _____

23. Signature Joseph B. Guccione (M. D. or other) [Signature]
Address 2800 N. Taylor Date signed 4/27/41

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

(Licensed Embalmer's Statement on Reverse Side)

Dr. Sweeney
2900 Taylor Ave

APR 10 1956

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 *A. J. Kelly*

Licensed Embalmer No. 3225

P. O. Address 1125 Hodiament Av

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.