

No. 2  
1-13-40  
-17-39  
I X2315

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 23851  
Registrar's No. 6193

FILED AUG 28 1941

Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3723 Cottage  
(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 42 yrs. 1

3. (a) PRINT FULL NAME Salvatore Cavataio

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

4. Sex Male 0 5. Color or race White 6. (a) ~~Single, widowed, married~~ discarded ~~Widowed~~

6. (b) Name of husband or wife Rosalie Cavataio 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 9 1864  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>5</u>	<u>16</u>	hr. _____ min.

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

10. Usual occupation Nil

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

12. Name Vito Cavataio

13. Birthplace Italy 5  
(City, town, or county) (State or foreign country)

14. Maiden name Constance Trupiano

15. Birthplace Italy 5  
(City, town, or county) (State or foreign country)

16. (a) Informant Anthony Cavataio

(b) Address 3723 Cottage St.

17. (a) Burial (b) Date thereof 8/30/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director P. Mucily & Son

(b) Address 1150 N. Kingshighway

19. (a) JUL 29 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County \_\_\_\_\_

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 3723 Cottage  
(If rural, give location)

(e) If foreign born, how long in U. S. A. 42 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27  
year 1941 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 18 to July 27, 1941, to July 27, 1941; that I last saw him alive on July 27, 1941; and that death occurred on the date and hour stated above

Immediate cause of death Chronic myocarditis  
Arteriosclerosis

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

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

Other conditions chronic nephritis  
(Include pregnancy within 5 months of death)

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

23. Signature [Signature] (M. D. or other) 0

Address 508 No. Grand Date signed 7/29/41

**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.....

*Arnold W. Schoene*

Licensed Embalmer No. *2864*

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.**