

13-40
7-39
23159

STANDARD CERTIFICATE OF DEATH

30249

State File No.

7588

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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:
Enroute in Car to Missouri Baptist
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution nihil
(Specify whether _____)
In this community 32 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1511 Semple Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Vito Bisanti.

3. (b) If veteran, name war none 3. (c) Social Security No. 498214-680

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

6. (b) Name of husband or wife Louise Bisanti 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Sept. 2, 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 0 17 hr. min.

9. Birthplace Italy 3
(City, town, or county) (State or foreign country)

10. Usual occupation Bartender

11. Industry or business Tavern

12. Name Salvatore Bisanti

13. Birthplace Italy 3
(City, town, or county) (State or foreign country)

14. Maiden name Rose Amonte

15. Birthplace Italy 3
(City, town, or county) (State or foreign country)

16. (a) Informant Louise Bisanti
(b) Address 1511 Semple Ave

17. (a) Burial (b) Date thereof Sept. 22, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of Informant Joseph J. Bellano
(b) Address 1431 Union Blvd.

19. (a) SEP 19 1941 (b) J. P. Budick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19
year 1941 hour 12:10 minute 1 M.

21. I hereby certify that I attended the deceased from Sept 17, 1941
to Sept 16, 1941
that I last saw him alive on Sept 16, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Hypertension

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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?

While at work? (Specify type of place) (e) Means of injury _____

23. Signature M. A. Pollack (M. D. or other)
Address 508 No. Grand Date signed 9/19/41

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

MOTHER FATHER

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.....

Allen Davis

Licensed Embalmer No.

4085

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.