

No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39550

State File No. 9

DEC 13 1941

Registrar's No. 2439

Registration District No. 784

Primary Registration District No. 1X5

96
3
5
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis.

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

(c) Name of hospital or institution:
7047 Lindell Blvd.
(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) /

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis. 096

(c) City or town University City. 5
(If outside city or town limits, write "RURAL")

(d) Street No. 7047 Lindell Blvd.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Louis Cicardi.

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

4. Sex M. 0 5. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mamie Cicardi. 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased August 31, 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>3</u>	<u>0</u>	hr. _____ min. _____

9. Birthplace St. Louis. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Commission Business

11. Industry or business _____

MOTHER FATHER { 12. Name Louis Cicardi.

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

14. Maiden name Catherine Canapa

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

16. (a) Informant Mrs. Mamie Cicardi.

(b) Address 7047 Lindell Blvd.

17. (a) Burial. (b) Date thereof 12-4-41.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) DEC 9 1941 (b) C. H. McSarron
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1st.
year 1941 hour 11 minute 55 P. M.

21. I hereby certify that I attended the deceased from July 5, 1934
_____ 19____ to Dec. 1 1941;

that I last saw him alive on Dec. 1 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Myocarditis, Ch. Degenerat 7 yrs.

Due to General Arterio Sclerosis -

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death) abd

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations _____

Of autopsy _____

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) (c) Means of injury _____

23. Signature Hiram L. Buzzett (M. D. or other) MD

Address 3720 Washington Date signed 12/2/41

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2-5-

3720 Mark

N H [unclear]

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

W Van Matre

Licensed Embalmer No: *2825*

P. O. Address: *4340 Lafayette*

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.