

S. No. 2
DM-5-42
v. 5-17-39
X32873

39418

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 14 1943

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **125**

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

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
422 E. Stien Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 years
(Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

Missouri

(a) State Missouri (b) County.....

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

(d) Street No. 422 E. Stein Street
(If rural, give location)

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

3. (a) PRINT FULL NAME Anthony Tisato

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4 year 1943 hour 8 minute 30 P.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Rose Tisato

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased July 18, 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-29, 1942, to Jan 4, 1943

that I last saw him alive on 1-4-43 and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 5 Days 17 If less than one day
hr. min.

Immediate cause of death Pneumonia

Duration

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

10. Usual occupation Day Laborer

Due to.....

Due to..... 107

Other conditions..... (Include pregnancy within 3 months of death)

11. Industry or business Unemployed

MOTHER FATHER { 12. Name? Tisato

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

14. Maiden name Unknown

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

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant Rose Tisato

(b) Address 422 E. Stein

17. (a) Burial (b) Date thereof Jan. 7, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery Fendler Und. Co.

18. (a) Signature of funeral director.....

(b) Address 7420 Michigan Ave.

19. (a) JAN 6 1943 (b) J. J. Bebeck
(Date received local registrar) (Registrar's signature)

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?.....

(Specify type of place) While at work..... (Specify means of injury)

23. Signature Charles Ehlers (M. D. or other) M.D.

Address 7602 S. Broadway Date signed 1-5-43

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

Oleg E. Lomsky

Licensed Embalmer No.....

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.