

FILED JAN 19 1943 **318**

Registration District No. **1003**

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:
823 Biddle /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 30 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Vito Curaci

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

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

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

7. Birth date of deceased October 2, 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>3</u>	<u>8</u>	hr. min.

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

10. Usual occupation Labor

11. Industry or business.....

MOTHER FATHER { 12. Name Francesco Curaci
13. Birthplace Italy 5
(City, town, or county) (State or foreign country)
14. Maiden name Vita Parfetto
15. Birthplace Italy 5
(City, town, or county) (State or foreign country)

16. (a) Informant Andrew Curaci

(b) Address 5939 W.affett

17. (a) Burial (b) Date thereof Jan. 13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Micheli-son
(b) Address 1150 N. Winshighway Blvd.

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 823 Biddle
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Italy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 10th
year 1943 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from JUNE 1942 to JAN. 8, 1943
that I last saw him alive on Jan 8, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Arterio-sclerosis

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 1.0

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) (e) Means of injury.....

23. Signature Nicholas Stollaro (M. D. or other)

Address 1007 Cass Ave. Date signed 1-11-43

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.