S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11542

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 734

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 5
(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 Missouri (b) County St. Louis 96

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

(d) Street No. Route 4, Box 931
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Anthony Serra

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, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb. (Month) 20 (Day) 1934 (Year)

8. AGE: Years 9 Months 1 Days 5 If less than one day hr. min.

9. Birthplace Baden Station (City, town, or county) 0 Mo. (State or foreign country)

10. Usual occupation

11. Industry or business Student

FATHER
12. Name Sam Serra
13. Birthplace (City, town, or county) 5 Italy (State or foreign country)

MOTHER
14. Maiden name Marie Tringale
15. Birthplace (City, town, or county) 5 Italy (State or foreign country)

16. (a) Informant Millie Serra
(b) Address Baden Station, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Demetery

18. (a) Signature of funeral director Paul Calcaterra U.Co.
(b) Address 5140 Daggett

19. (a) 3-29-43 (Date received local registrar) (b) E. G. McGovran (Registrar's signature) EB

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25 year 1943 hour 4:15 minute P M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Result of being struck by a truck while a pedestrian on a public highway.

Due to

Due to Crushed head and skull.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 170c-6 21

Of autopsy No.

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) Accident 0 96

(b) Date of occurrence March 25, 1943

(c) Where did injury occur? Halls Ferry & Nemick (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)

While at work? (e) Means of injury

23. Signature Louis H Bapp Coroner (M. D. or other)

Address Kirkwood, Mo. 3-26-43 Date signed

707 (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....2921.....

P. O. Address.....

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.