

FILED APR 19 1948
Registration District No. **15018**

Primary 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:
Missouri Baptists Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **2 1/2 Days**
(Specify whether
In this community..... **36 years**
years, months or days)

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. **4914 Alcott Ave**
(If rural, give location)
(e) Citizen of foreign country?..... **No** (Yes or No)
If yes, name country..... **0**

3. (a) PRINT FULL NAME **Joseph Panzica**
3. (b) If veteran, name war.....
3. (c) Social Security No. **499-10-344**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **2**
year **1943** hour **5:00** minute **30 AM**

4. Sex **Male** **5. Color or race** **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Filomena**
6. (c) Age of husband or wife if alive **49** years
7. Birth date of deceased **May 3 1882**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
March 30, 1943, to April 2, 1943;
that I last saw him alive on **April 2 at 1:00 PM**
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	60	10	29	hr. min.

Immediate cause of death.....
CEREBRAL HAEMORRHAGE

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

Due to **HYPERTENSION, ARTERIAL 1 yr.**
Due to **Nephritis 4 yrs?**

10. Usual occupation **Labor**

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

11. Industry or business
12. Name **Antonio Panzica**
13. Birthplace **Italy 5**
(City, town, or county) (State or foreign country)
14. Maiden name **Angelina Barbera**
15. Birthplace **Italy 5**
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **Filomena Panzica**
(b) Address **4914 Alcott Ave**

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?

17. (a) Burial (b) Date thereof **April 5, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary Cemetery**

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

18. (a) Signature of funeral director **P. Michelson**
(b) Address **1150 N. Kingshighway Blvd**
19. (a) Date received local registrar **1943**
(b) Registrar's signature **J. F. Brueck**

23. Signature **Dan Tucker Miller** (M. D. or other)
Address **818 Olive St.** **Date signed** **4/2/42**

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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.