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16407

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4327
Registrar's No. 000

ED MAY 18 1943 318

Registration District No. _____ Primary Registration District No. 1003

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:
1701 1/2 Bacon St /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 years. (Specify whether
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. 1701 1/2 Bacon St.
(If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Italy

3. (a) PRINT FULL NAME Pietro Minardi.
3. (b) If veteran, name war None
3. (c) Social Security No. 196-12-3928

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Minardi.
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased July 23, 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 9 15 hr. _____ min.

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

10. Usual occupation Grocer. Self

11. Industry or business _____

MOTHER FATHER { 12. Name Walter Minardi.

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

14. Maiden name Eva Calcagano.

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

16. (a) Informant Anna Minardi

(b) Address 1701 1/2 Bacon St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Deverick DeWitt
(b) Address 1431 Union Blvd.

19. (a) MAY 10 1943 (Date received local registrar) J. F. Bruesch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th
year 1943 hour 7:00 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____,
that I last saw him alive on May 8th, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction and hemiplegia Duration 1 wk.

Due to Cancer of the pancreas, duodenum, mesenteric and peritoneal 6 mo.

Due to Primary site of cancer
Other conditions of pancreas
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
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) _____
(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 2
23. Signature Paul R. McRae (M. D. or other) DD
Address 5493 Delmar Blvd. Date signed 5/12/43

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

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 *William J. Lyons*.....

Licensed Embalmer No. *4319*.....

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.