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 U. S. No. 2
 FORM—2-43
 5-17-49
 X3867

19509

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

MAILED JUL 3 1943 318

1009

Registration District No. 318

Primary Registration District No. _____

Registrar's No. 5820

1. PLACE OF DEATH:
 (a) County St. Louis, Missouri.
 (b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 34 Years
years, months or days)

3. (a) PRINT FULL NAME Frank Romeo Damico
 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 Married
 6. (b) Name of husband or wife Grazia 6. (c) Age of husband or wife if alive 75 years
 7. Birth date of deceased March 10 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 3 13 _____ hr. _____ min.

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

10. Usual occupation Shoe Maker

11. Industry or business _____

MOTHER FATHER { 12. Name Antonino Damico
 { 13. Birthplace Terrasini Italy 5
(City, town, or county) (State or foreign country)
 { 14. Maiden name Rosalina Tocco
 { 15. Birthplace Terrasini Italy 5
(City, town, or county) (State or foreign country)

16. (a) Informant Antonino Damico
 (b) Address 3830 Greer av.

17. (a) Burial (b) Date thereof June 28-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Miceli-Son
 (b) Address 1150 N. Kingshighway

19. (a) JUN 25 1943 J. F. Reddek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 009
 (c) City or town St. Louis 19
(If outside city or town limits, write "RURAL") 910
 (d) Street No. 3830 Greer Ave
(If rural, give location)
 (e) Citizen of foreign country? Yes (Yes or No)
 If yes, name country Italy d

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23rd.
 year 1943 hour 11:19 minute _____ P.M.

21. I hereby certify that I attended the deceased from June 7th, 1943, to June 23rd., 1943
 that I last saw him alive on June 23rd., 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
 Duration _____

Due to 107
 Due to _____

Other conditions Emile Psychosis
(Include pregnancy within 3 months of death)
(Psychosis)

Major findings: Of operations _____
 Of autopsy refused
 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

23. Signature [Signature] (M.D. or other) _____
 Address 1515 Lafayette Ave. Date signed 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..... *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.