

V. S. No. 2
FORM-2-43
REV. 5-17-39
I X35597

29859

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 8760

ED OCT 13 1943

Registration District No. _____

318

Primary Registration District No. _____

1003

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution: Enroute to City 3 Hospital

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 000

(c) City or town St. Louis 17

(d) Street No. 1046 Tamm Ave 9

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME NICHOLAS DE RIENZO SR.

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3rd

year 1943 hour 1:00 minute 45P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married Married

(b) Name of husband or wife Carmela De Rienzo

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased April 28th 1862

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: Years 81 Months 5 Days 5

If less than one day _____ hr. _____ min.

Coronary Occlusion
Arteriosclerosis

Due to _____

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

Due to 9/4

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

10. Usual occupation Kamp Lighter

Major findings: _____

Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Joseph De Rienzo

13. Birthplace Italy

14. Maiden name Mary G. Mattala

15. Birthplace Italy

16. (a) Informant Carmela De Rienzo

(b) Address 1046 Tamm Ave

17. (a) Suicidal (b) Date thereof 10-6-43

(c) Place: burial or cremation New St Peter and Paul

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 228 So. Kings Highway Blvd

19. (a) OCT 4 1943 (b) J. F. Bredet

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)

Means of injury _____

23. Signature W. H. Perry (M. D. or other)

Address Deputy Date signed 10/4/43

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 *Edwin H. McHermott*.....

Licensed Embalmer No. *3024*.....

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.