

FILED NOV 10 1943 318

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: 4374 WASHINGTON
(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 MO. (b) County 17/9

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 4374 WASHINGTON
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN PETER CAORSI

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23
year 1943 hour 3:20 minute P.M.

4. Sex MALE Color or race WHITE

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

7. Birth date of deceased FEB 3 1868
(Month) (Day) (Year)

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

8. AGE: Years 75 Months 8 Days 21 If less than one day _____ hr. _____ min.

Immediate cause of death: Coronary Sclerosis
Arterio Sclerosis

Due to _____

Due to _____

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

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

10. Usual occupation UNKNOWN

11. Industry or business _____

MOTHER FATHER { 12. Name _____ " _____

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

14. Maiden name _____ " _____

15. Birthplace _____ " _____ (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 Joseph Dwyer
(b) Address 2351 MULLANPHY ST

17. (a) BURIAL (b) Date thereof 10-27-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SALVARY

18. (a) Signature of funeral director Calvin Kelly
(b) Address OCT 27 1943 N. TAYLOR AVE

19. (a) _____ (b) J. F. Boucek
(Date received local registrar) (Registrar's signature)

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) (f) Means of injury _____

23. Signature Alfred Perry (M. D. or other) _____
Address _____ Date signed 10/27/43

1710

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 James H. Lamm
Licensed Embalmer No. 4142
P. O. Address St. Louis

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.