

S. No. 2
M-2-43
5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 88913
Registrar's No. 88913

FILED OCT 22 1943 318

Registration District No. _____ 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
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2609 Howard St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 48 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Vincenza Dattilo

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F.

5. Color or race W.

6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife August Dattilo

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

7. Birth date of deceased Dec. 8th., 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>10</u>	<u>1</u>	_____ hr. _____ min.

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

10. Usual occupation At Home

MOTHER FATHER

11. Industry or business _____

12. Name Joseph Mascari

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

14. Maiden name Gussie Mantia

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

16. (a) Informant Mr. Thomas Dattilo

(b) Address 2609 Howard St.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 10-13-43
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) OCT 11 1943
(Date received local registrar)

J. J. Birebeck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo.

(b) County 000
17

(c) City or town St. Louis
920
(If outside city or town limits, write "RURAL")

(d) Street No. 2609 Howard St.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 9th., year 1943 hour 11 minute _____ P. M.

21. I hereby certify that I attended the deceased from Oct 3 1939 to Oct 9 - 43 that I last saw her alive on Oct 9 - 43 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to _____

Due to 12/1

Other conditions Chronic interstitial nephritis

Major findings: Of operations none

Of autopsy none

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) none

(b) Date of occurrence _____

(c) Where did injury occur? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? none

While at work? _____ (Specify type of place)

(e) Means of injury none

23. Signature Dr. J. J. Hampden
(M. D. or other)

Address 2739 N. Grand Date signed 10-11-43

(Licensed Embalmer's Statement on Reverse Side)

2739 N. Marshall
DISTRICT OF COLUMBIA

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.