

FILED
OCT 27 1943

318

Primary Registration District No. 1008

Registrar's No. 9219

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:
St. Johns Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 13 days
(Specify whether)
 In this community _____
years, months or days 40 years

3. (a) PRINT FULL NAME Gaetano Massaro

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 Maria 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased October 16 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 0 2 _____ hr. _____ min.

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

10. Usual occupation Fruit Peddler

11. Industry or business _____

MOTHER FATHER { 12. Name Domenico Massaro

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

14. Maiden name Josephine (Unknown)

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

16. (a) Informant Dominic Massaro

(b) Address 2036 Howard St.

17. (a) Burial (b) Date thereof Oct. 21-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Michel - son

(b) Address 1150 N. Kingshighway Blvd.

19. (a) OCT 20 1943 (b) J. F. Brudack
(Date received local registrar) (Registrar's signature)

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. 2036 Howard
(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 18
 year 1943 hour 6:30 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from 10-5-43
 _____, 19____, to 10-18-43, 19____;

that I last saw him alive on 10-18-43, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cor. Failure Duration 7 days

Due to Primary Carcinoma of omentum 5 yrs.
Carcinoma of stomach 5 yrs.
 Due to Abdominal ascites 2 yrs.

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

Major findings: Carcinoma of omentum
 Of operations and stomach with abdominal fluid
 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?

23. Signature George J. McLaughlin (Specify type of place) _____
(M. D. or other)
 Address 3903 Olive Street Date signed 10-19-43

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.