

FILED MAY 20 1944

Registration District No. 318

Primary Registration District No. 1003

State File No.

Registrar's No.

4310

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days) 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 3307 Klein St. (If rural, give location) sqb
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country 0

3. (a) PRINT FULL NAME Frank Scavo

3. (b) If veteran, name war none 3. (c) Social Security No. 489-10-8223

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Byrdie Scavo 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased April 17 1884
(Month) (Day) (Year)

8. AGE: 60 Years 0 Months 22 Days If less than one day hr. min.

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

10. Usual occupation Die Setter

11. Industry or business

MOTHER FATHER { 12. Name John Scavo
13. Birthplace Italy 5
(City, town, or county) (State or foreign country)
14. Maiden name Thersa Metena
15. Birthplace Italy 5
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Byrdie Scavo
(b) Address 3307 Klein St.

17. (a) Burial (b) Date thereof 5-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2223 St. Louis Ave.

19. (a) MAY 10 1944 (Date received local registrar) J. F. Bradock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th.
year 1944 hour 3:15 minute AM. M.

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.

Immediate cause of death Solar Pneumonia
fracture of 2-3rd ribs left side
when a support pulled loose from
Due to the joint which was supporting
a block and tackle causing a punch
Due to blow to ball on the deceased
at the Scraper shoe supply co
Other conditions 712 No 2nd ground
11 am April 29-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: 195
Of operations 11
Of autopsy 11

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 000
(b) Date of occurrence 4-29-44
(c) Where did injury occur? St Louis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Industrial
While at work (Specify type of place)
Means of injury

23. Signature Walter Perry (M. D. or other) 1/9/44
Address Deputy Coroner Date signed 5/9/44

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 John P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 2923 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.