

U. S. No. 2
00M-5-43
Rev. 5-17-39
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FILED AUG 21 1944 318

Registration District No. _____ Primary Registration District No. **1005**

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:
City Hospital 0
(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 **Missouri** (b) County _____

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

(d) Street No. **2206 Franklin Ave.**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Vincenza Brittilo**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Joseph Brittilo** 6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased **Unknown abt 1881**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **3**
year **1944** hour **11** minute **a.** M.

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

8. AGE:

Years	Months	Days	If less than one day
Abt. 63	--	--	_____ hr. _____ min.

Immediate cause of death _____
Duration _____

Chronic Myocarditis
Chronic Nephritis
Arteriosclerosis

Due to _____

Due to _____

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

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

10. Usual occupation **Housework**

11. Industry or business _____

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant _____
(b) Address **2206 Franklin Ave.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Aug. 7th 1944**
(Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Bernard Michalec**
(b) Address **1431 Union Blvd.**

19. (a) **AUG 4 1944** (Date received local registrar)
J. F. Busch (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)
(c) Means of injury _____

23. Signature **Blair Perry** (M.D. or other)
Address **Blair Perry** Date signed **8/14/44**

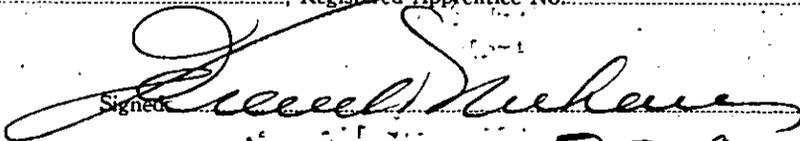
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

109

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  _____
Licensed Embalmer No. 2919
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.