

S. No. 2
OM-5-43
v. 5-17-39
I X36671

FILED JAN 15 1945

318

Primary Registration District No.

1003

Registrar's No. **11267**

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:
4549 Carter Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days) 45 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mad.

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

(d) Street No. 4549 Carter Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Joseph Vassolo

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

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.V.

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

7. Birth date of deceased Sept. 20th., 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

61 3 10 hr. min.

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

10. Usual occupation Tailor

11. Industry or business Vincent Vassolo

12. Name Vincent Vassolo

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

14. Maiden name Eleonora Del Gesso

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

16. (a) Informant Mrs. Margaret Vassolo

(b) Address 4549 Carter Ave.

17. (a) Burial (b) Date thereof 1-2-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cemetery

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

(b) Address 3840 Lindell Blvd

19. (a) JAN 1 1945 (b) J. J. Breach
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30th.,
year 1944 hour 4 minute a. M.

21. I hereby certify that I attended the deceased from 9-6 1944 to 12-29 1944
that I last saw h. IM alive on 12-29 1944
and that death occurred on the date and hour stated above.

Immediate cause of death CANCER OF PROSTATE & PUBIC BONES - 4 1/2 mo.

Due to Primary prostate

Due to 5/6

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury ?

23. Signature J. P. Olson (M.D. or other) DO.

Address 4981a Finch Date signed 12-30-44

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.