

FILED FEB 13 1945
Registration District No. 317

Primary Registration District No. 2002

Registrar's No. 2911

1. PLACE OF DEATH:

St. Louis
(a) County University City
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6936 Columbia Place.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 52 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI. (b) County St. Louis 96
(c) City or town University City
(If outside city or town limits, write "RURAL")
6936 Columbia Place.
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No 0 years.

3. (a) PRINT FULL NAME Egnazzio Spicuzza Salia.

3. (b) If veteran, name war None
3. (c) Social Security No. 499-12-8609

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Filippa Salia.
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Nov. 15, 1872
(Month) (Day) (Year)

8. AGE: Years 72 Months 2 Days 7 If less than one day
hr. min.

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

10. Usual occupation Retired

11. Industry or business Wholesale Commission Merchant

MOTHER, FATHER
12. Name Egnazzio Salia
13. Birthplace Italy (City, town, or county) (State or foreign country)
14. Maiden name Antonette Arrigo
15. Birthplace Italy (City, town, or county) (State or foreign country)

16. (a) Informant Filippa Salia
(b) Address 6936 Columbia Place.

17. (a) Burial (b) Date thereof Jan. 26, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Burial Park

18. (a) Signature of funeral director _____
(b) Address 1431 Union Blvd.

19. (a) JAN 29 1945 (b) E. S. McLaurin M.D.
(Date received local registrar) (Registrar's signature) Cmb

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22
year 1945 hour 5 minute 30 p. M.

21. I hereby certify that I attended the deceased from about _____, 1934, to _____, 1944;
that I last saw him alive on some weeks ago, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death: Probably coronary thrombosis

Due to: Hypertension and cardiac vascular disease

Due to: _____

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

Major findings: Of operations: _____
Of autopsy: _____

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
Signature: H. Albrecht (M. D. or other)
Address: 4952 Maryland Ave Date signed Jan 24

Duration

Stays

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

6/21/6

APR 30 1945

MAR - 6 1945

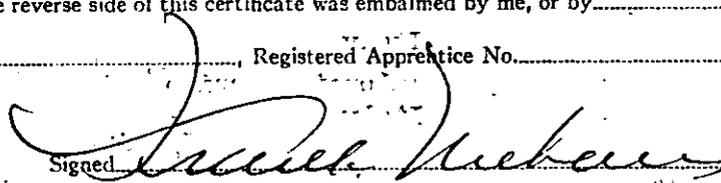
STATEMENT BY LICENSED EMBALMER

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.....

2915

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, above space should be left blank.