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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 25 1945

State File No. 31811

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8956

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2615 Sublette 1 (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 Mo (b) County 013
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 2615 Sublette Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ONOFRIO DELUCA
3. (b) If veteran, name war no
3. (c) Social Security No.
4. Sex Male O
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lucia Manzoni
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased Aug 18 1886 (Month) (Day) (Year)
8. AGE: Years 59 ~~58~~ Months 1 Days 21 If less than one day hr. min.
9. Birthplace Italy (City, town, or county) 5 (State or foreign country)
10. Usual occupation Moulder
11. Industry or business
FATHER 12. Name Salvatore De Luca
13. Birthplace Italy (City, town, or county) 5 (State or foreign country)
MOTHER 14. Maiden name Isabella Guiserra
15. Birthplace Italy (City, town, or county) 5 (State or foreign country)
16. (a) Informant Mrs Lucia De Luca
(b) Address 2615 Sublette Ave
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Oct 13 1945 (Month) (Day) (Year)
(c) Place: burial or cremation New St Peter's Cem
18. (a) Signature of funeral director Paul C Calcaterra
(b) Address 5147 Daggett Ave
19. (a) OCT 17 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9th year 1945 hour 10 minute 35 p. M.
21. I hereby certify that I attended the deceased from March 8, 1945 to October 9, 1945; that I last saw him alive on Oct. 9, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma - Metastasis to Vertebrae	7 Mos
Due to Carcinoma ?	??
Due to Site unknown	
Other conditions (Include pregnancy within 3 months of death) 55	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Charles Montani (M. D. or other) MD
Address 5147 Daggett Ave Date signed 10-11-45

(Licensed Embalmer's Statement on Reverse Side)

8956

8956

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 Paul C Calcatera

Licensed Embalmer No. 2396

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.