

No. 2
-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7316
1763

State File No.

Registrar's No.

FILED MAR 6 1946
318

Primary Registration District No. 1003

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

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:
2108 E. Fair Ave /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... None
(Specify whether years, months or days)

3. (a) PRINT FULL NAME..... Joseph Cenatiempo

3. (b) If veteran, name war..... None

3. (c) Social Security No..... No.

4. Sex..... Male 5. Color or race..... White

6. (a) Single, widowed, married, divorced..... Widower

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... April 30, 1872
(Month) (Day) (Year)

| AGE: | Years | Months | Days | If less than one day |
|------|-------|--------|------|----------------------|
| | 73 | 9 | 20 | hr. min. |

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

10. Usual occupation..... Retired

11. Industry or business.....

12. Name..... John Cenatiempo

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

14. Maiden name..... Unknown

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

16. (a) Informant..... Mrs. Anthony Ranchetta

(b) Address..... 1903 Linton Ave

17. (a) Burial (b) Date thereof..... 2/23/46
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director..... Math Hermann & Son

(b) Address..... 2161 East Fair Ave

19. (a) FEB 21 1946 (b) J. F. Bredek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 023

(c) City or town..... St. Louis 9/19
(If outside city or town limits, write "RURAL")

(d) Street No..... 2108 E. Fair Ave 9
(If rural, give location) 10

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19th
year 1946 hour 2:00 PM minute M.

21. I hereby certify that I attended the deceased from 11-20-43 to 2-19-46
that I last saw him alive on 1-18-46 and that death occurred on the date and hour stated above.

Immediate cause of death.....
cardio-renal vascular disease
Due to..... arteriosclerosis
Due to..... senility

Other conditions..... 131
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

Duration

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. F. Bredek (M.D. or other)

Address..... 2161 East Fair Ave Date signed 2-20-46

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 *William G. Buchholz*

Licensed Embalmer No. *2110*

P. O. Address *St. Louis, Mo*

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.