

S. No. 2
M-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18810

FILED MAY 27 1946
318

State File No. _____

Registrar's No. 1444

Registration District No. 318

Primary Registration District No. 1003

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:
4242a San Francisco
(If not in hospital or institution, write street number or location)

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

In this community 46 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Os.

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

(d) Street No. 4242a San Francisco
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Antonio L. Randazzo

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased April 3 1879
(Month) (Day) (Year)

AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>1</u>	<u>12</u>	hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business Merchant

12. Name Marco Randazzo

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

14. Maiden name Antonia Lafata

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

16. (a) Informant Marie R. Monte

(b) Address 4242a San Francisco Ave

17. (a) Burial (b) Date thereof May 18 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Benard J. Breuer

(b) Address 1431 non Blvd.

19. (a) MAY 17 1946 (b) J. F. Breuer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th
year 1946 hour 12 minute 05 a.m.

21. I hereby certify that I attended the deceased from March 29, 1946 to May 15, 1946
that I last saw him alive on May 8, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 6 mo.
Arteriosclerosis unknown

Due to _____

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 A. Conrad Males (M. D. or other) M.D.

Address 819 University Club Bldg Date signed 5/15/46
St. Louis Mo.

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

17608

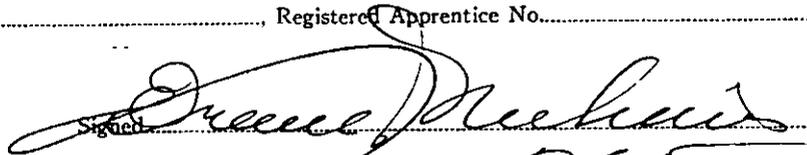
STATEMENT BY LICENSED EMBALMER

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, fact should be so stated above.