

S. No. 2  
M-8-43  
5-17-39  
P-1 X37825

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25609

FILED AUG 5 1946

Registration District No. 318

Primary Registration District No.

Registrar's No. 6215

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: 5120 Balthron  
(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 St Louis  
(c) City or town 5120 Balthron  
(If outside city or town limits, write "RURAL")  
(d) Street No. St Louis  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LOUIS PEZZANI

3. (b) If veteran, name war no 3. (c) Social Security No. 487-14-03

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

(b) Name of husband or wife Anna Pezzani 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov 14 1880  
(Month) (Day) (Year)

8. AGE: Years 65 Months 7 Days 28 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation laborer

11. Industry or business \_\_\_\_\_

12. Name Mario Pezzani

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

14. Maiden name not known

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

16. (a) Informant Mrs Pezzani

(b) Address 5120 Balthron

17. (a) burial (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Church

18. (a) Signature of funeral director Paul C. Calcatara

(b) Address 5142 Dogwood

19. (a) JUL 15 1946 (Date received local registrar)

(b) J. F. Budack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 12  
1946 hour 3 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 11/20 1946 to 7/12 1946  
that I last saw him alive on 7/12 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death per metastasis of carcinoma of stomach  
Due to carcinoma of stomach  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: carcinoma of stomach 12/1/45  
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) \_\_\_\_\_ (e) Means of injury car  
While at work \_\_\_\_\_  
Signature: P. J. Miller (M. D. or other) \_\_\_\_\_  
Address: 2608 Kings Highway Date signed 7/13/46

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

MOTHER, FATHER

**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 *Sam Calaterra*

Licensed Embalmer No. *2376*

P. O. Address *5172 Wagon*

**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.**