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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STANDARD CERTIFICATE OF DEATH

32108

FILED SEP 24 1946  
#61289 318

State File No. ....

Registration District No. .... Primary Registration District No. ....

Registrar's No. .... 8046

1. PLACE OF DEATH:  
(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital - Max C. Starkloff  
(If not in hospital or institution, write street number or location) Memorial  
(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 \_\_\_\_\_  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 5317 Busehoff (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOSEPH PISONI  
3. (b) If veteran, name war no 3. (c) Social Security No. 488-46-77438

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept. day 16th year 1946 hour 12:53 minute \_\_\_\_\_ P. M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Joseph Pisoni 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Mar 15 1879  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to Sept. 16th, 1946  
that I last saw him alive on Sept. 16th, 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
67 6 1 hr. \_\_\_\_\_ min.

Immediate cause of death \_\_\_\_\_  
Lobar pneumonia

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

Due to \_\_\_\_\_  
Due to 108

10. Usual occupation laborer

Other conditions Paralysis agitans  
(Include pregnancy within 3 months of death)

11. Industry or business laborer

Major findings: Of operations \_\_\_\_\_

12. Name not known

Of autopsy \_\_\_\_\_

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 Miss Mary Pisoni  
(b) Address 5317 Busehoff av

17. (a) burial (b) Date thereof Sept 19 1946  
(Burial, cremation, or removal) (City or town) (County) (State)

(c) Place: burial or cremation Def. St. Peter's Basil  
(Specify type of place)

18. (a) Signature of funeral director Paul J. Calcuttina  
(b) Address 5448 Daggett av  
19. (a) SEP 18 1946 (Date received local registrar) J. J. Bredeck (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

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) (c) Means of injury \_\_\_\_\_

23. Signature 1515 Lafayette Date signed 9/16/46

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

13 17  
9  
0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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 *J. Allen Davis, Jr.*

Licensed Embalmer No. *4003*

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.