

FILED MAY 12 1947
42

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12551

Registration District No. _____

Primary Registration District No. 1000

Registrar's No. 598

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Hours
In this community 20 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1201 1/2 No. 11th. St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country *

3. (a) PRINT FULL NAME Louis Pinzino

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race Italian 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Aurelia Pinzino 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased October 15 1899
(Month) (Day) (Year)

8. AGE: Years 47 Months 6 Days 17 If less than one day hr. min.

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

10. Usual occupation Groceryman
11. Industry or business Ownbusiness 1201 No. 11th

MOTHER FATHER { 12. Name Salvatore Pinzino
13. Birthplace Unknown Italy
(City, town, or county) (State or foreign country)
14. Maiden name María Pecora
15. Birthplace Unknown Italy
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Aurelia Pinzino
(b) Address 1201 1/2 No. 11th. St.
17. (a) Burial (b) Date thereof May, 5, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Herward W. Sedwick
(b) Address 1802 Union St. St. Joseph, Mo.
19. (a) 5-5-47 (b) L. G. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1947 hour 3 minute 20 P.M.
21. I hereby certify that I attended the deceased from 5-2
1947 to 5-2 1947
that I last saw him alive on 5-2 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Dilatation Duration 3 hr

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: 950
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) 2
(e) Means of injury _____
23. Signature John P. Jenkins (M. D. or other) D.O.
Address 823 Farnam Date signed 5-3-47

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

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.....
James W. O'Connell Registered Apprentice No. *486*
working under my personal supervision.

Signed.....*Robert H. Doyle*
Licensed Embalmer No. *3308*
P. O. Address.....*St. Joseph, 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.