S. No. 2
1—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 11 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6879

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 264

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: St. Anthony Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 8108 Vulcan (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME JAMES EMIL PIAZZA
3. (b) If veteran, name war ---
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased Feb. 4, 1891 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
56	II	5	hr. min.

9. Birthplace Italy (City, town, or county) (State or foreign country)
10. Usual occupation Crane Operator
11. Industry or business Titanium Pigment Co.
FATHER 12. Name Peter Piazza
FATHER 13. Birthplace Italy (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
MOTHER 15. Birthplace Italy (City, town, or county) (State or foreign country)
16. (a) Informant Mary Piazza
(b) Address 8108 Vulcan
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 12, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery
18. (a) Signature of funeral director C. Hoffmeister U.&L. Co.
(b) Address 7814 S. Broadway, St. Louis, Mo.
19. (a) JAN 9 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9 year 1948 hour 9:30 minute ~~P.M.~~ A.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death LOBAR PNEUMONIA:	
Due to Whether the result of inhalation of fumes while working at the National Lead Co. (Titanium Division) or from Natural Causes could not be determined.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Open Verdict
(b) Date of occurrence 1/9/48
(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Industrial Place (Specify type of place)
While at work? Yes (e) Means of injury See Above
23. Signature Patrick E. Taylor (M. D. or other)
Address Deputy Coroner Date signed 1-9-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

JUN 23 1948

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7845 S. Broadway

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.