No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6981

FILED FEB 28 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1638

1. PLACE OF DEATH:

(a) County

(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: Little Sisters of the Poor 5
(If not in hospital or institution, write street number or location) 2209 Hebert

(d) Length of stay: In hospital or institution 20 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 0-0-0

(a) State Missouri (b) County 17

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

(d) Street No. 2209 Hebert Street., 9
(If rural, give location) 3

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

If yes, name country

3. (a) PRINT FULL NAME Narciso Scatizzi

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Eugenia Scatizzi

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

7. Birth date of deceased October (Month) 31 (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
80	3	13	hr. min.

9. Birthplace Unknown (City, town, or county) Italy (State or foreign country) 5

10. Usual occupation Retired Merchant

11. Industry or business Produce

FATHER
12. Name Celestino Scatizzi
13. Birthplace Unknown (City, town, or county) Italy (State or foreign country) 5

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Italy (State or foreign country) 5

16. (a) Informant Louis C. Scatizzi
(b) Address 6202 Loughborough

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/18/48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.,

19. (a) FEB 17 1948 (Date received local registrar) (b) J. F. Breuer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14 year 1948 hour 7 minute 00 P.M.

21. I hereby certify that I attended the deceased from February 13 1948 to February 14 1948 that I last saw him alive on February 14 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	???
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

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) None

(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) 0

While at work? (e) Means of injury

23. Signature Bernard R. Hoffe (M. D. or other)

Address 2302 Salisbury St Date signed 2-16-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

..... Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.