

No. 300
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5-17-39
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#85583
FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **144094**
4363
Registrar's No.

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(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)
(d) Length of stay: In hospital or institution 36 years (Specify whether years, months or days)
In this community 36 years

3. (a) PRINT FULL NAME SALVADORE FRIENZAA
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 Crocifissa 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased April 22 1886
(Month) (Day) (Year)

8. AGE: Years 62 Months 0 Days 15 If less than one day hr. min.

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

10. Usual occupation Labor

11. Industry or business _____

MOTHER FATHER } 12. Name Giuseppe Ferdinando Firenze
13. Birthplace Castelvetro Italy
(City, town, or county) (State or foreign country)
14. Maiden name Giuseppa Cipolla
15. Birthplace Italy
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Crocifissa Firenze
(b) Address 1734 Leffingwell

17. (a) Burial (b) Date thereof 5-11-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Miceli & Sons
(b) Address 1150 N. Kingshighway Blvd.

19. (a) MAY 19 1948 (Date received local registrar)
J. F. Braddock (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1734 Leffingwell
Memorial (If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Italy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th
year 1948 hour 11 minute 45 P.

21. I hereby certify that I attended the deceased from 5/5/48
1948 to May 7th 1948
that I last saw him alive on May 7th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis

Due to Carcinoma of soft palate

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 4-5
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) (Specify means of injury)
at work

23. Signature J. F. Braddock (M. D. or other)
Address 1515 Lafayette Date signed 5/8/48

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.....

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

working under my personal supervision.

Signed.....

Elmo R. Gadwell

Licensed Embalmer No. *4077*

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.