

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Desloge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6-days
(Specify whether years, months or days)

In this community 53 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

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

(d) Street No. 1607a N. 19th. Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Corso

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M. D 5. Color or race W.

6. (a) Single, widowed, married, divorced M. /

6. (b) Name of husband or wife Anna Corso

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Unk. Unk. 1891
(Month) (Day) (Year)

8. AGE: abt. 57 Years Months Days If less than one day
Unk. Unk. hr. min.

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

10. Usual occupation Janitor

11. Industry or business _____

12. Name Salvatore Corso

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

14. Maiden name Josephine Sansone

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

16. (a) Informant Mrs. Anna Corso

(b) Address 1607a N. 19th. St.

17. (a) Burial (b) Date thereof 11-18-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) NOV 17 1948 (b) J. B. Lassater
(Date received local registrar) (Registrar signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16th., year 1948 hour 3 minute a. M.

21. I hereby certify that I attended the deceased from Nov 9, 1948, to Nov 16, 1948
that I last saw him alive on Nov 16, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 7 days

Due to Hypertensive C.V.R. Disease

Due to _____

Other conditions 121
(Include pregnancy within 3 months of death)

Major findings: 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)

Means of injury _____

23. Signature Arthur J. Donnelly (M. D. or other) MD

Address 1937 Madison Date signed Nov 17 1948

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

MOTHER, FATHER

1931 Maresmi

La. 728

1-3

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 W.H. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.