

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3630**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **960**

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institutional, state before admission.) a. STATE St. Louis Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Normandy		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Normandy	
c. LENGTH OF STAY (In this place) 35yrs		d. STREET ADDRESS (If rural, give location) 7271 Natural Bridge	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7271 Natural Bridge			

3. NAME OF DECEASED (Type or Print) a. (First) EMMA b. (Middle) CATHERINE c. (Last) VACCAREZZA			4. DATE OF DEATH (Month) (Day) (Year) Jan. 17, 1949		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH May 21, 1876		9. AGE (In years) (Months) (Days) 72		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Italy	

13a. FATHER'S NAME Ambrose Barsanti		13b. MOTHER'S MAIDEN NAME Maria (unknown)		14. NAME OF HUSBAND OR WIFE George Vaccarezza	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Vic Vaccarezza	
				ADDRESS 7271 Nat'l. Bridge	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Head of Pancreas				20 Months	
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Intestinal Hemorrhage 15 1/2 DUE TO (c) Secondary Anemia 40 8		4 days 30 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Marasmus							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Head of Pancreas with common duct obstruction				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT, SUICIDE, OR HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 19, to 1-17, 1949, that I last saw the deceased alive on 1-17, 1949, and that death occurred at 4:15 A. m., from the causes and on the date stated above.

23a. SIGNATURE Walter Moore (Degree or title) MD		23b. ADDRESS 7301 Natural Bridge Rd		23c. DATE SIGNED 1-17-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 19, 49		24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
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DATE REC'D BY LOCAL REG. 1-18-49		REGISTRAR'S SIGNATURE Thurmond...		25. FUNERAL DIRECTOR'S SIGNATURE Cullen & Kelly		ADDRESS 7267 Nat'l. Bridge	
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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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

James H. Lammner

Signed.....
Student Embalmer

Licensed Embalmer No.

4142

P. O. Address.....

St. Louis

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.