MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impo

OF HEALTH
ISTICS

FICATE OF DEATH 21991

County

Township
or
Village
or
City St. Louis (NO. 3901 Park Ave. St.: 23 Ward)

Registration District No. 37 No.

Primary Registration District No. 03 Registered No. 5437

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Joseph Manicci

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

DATE OF BIRTH ——, 1 (Month) (Day) (Year)

AGE 26 yrs. — mos. — ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country) Italy

PARENTS
NAME OF FATHER Not Ascertainable
BIRTHPLACE OF FATHER (City or town, State or foreign country) 4
MAIDEN NAME OF MOTHER 4
BIRTHPLACE OF MOTHER (City or town, State or foreign country) 4

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Coroner's Office
(ADDRESS) H. W. Hath Dept. Coro

Filed JUL 16 1910 H. Wheeler Bond REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13th, 1910 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from ——, 191__, to ——, 191__, that I last saw h___ alive on ——, 191__ and that death occurred, on the date stated above, at 8-40 P. m.

The CAUSE OF DEATH* was as follows:
Hemorrhage, due to fracture of skull
Accident
(Duration) ___ yrs. ___ mos. ___ ds.

Contributory (SECONDARY) Street Railway
(Duration) ___ yrs. ___ mos. ___ ds.

(Signed) H. W. Hath M.D.
7/16 1910 (Address) Deputy Coroner

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.
Where was disease contracted if not at place of death?
Former or usual residence 835 Franklin Ave

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Calvary	July 16 1910
UNDERTAKER John C. Kensicker Co.	ADDRESS 1138 16th St

vised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

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tatement of occupation.—Precise statement of oc-ation is very important, so that the relative health-ness of various pursuits can be known. The ques-n applies to each and every person, irrespective of For many occupations a single word or term on first line will be sufficient, e. g., *Farmer* or *Planter, ysician, Compositor, Architect, Locomotive engineer, il engineer, Stationary fireman,* etc. But in many es, especially in industrial employments, it is neces-y to know (*a*) the kind of work and also (*b*) the ure of the business or industry, and therefore an litional line is provided for the latter statement; it uld be used only when needed. As examples: (*a*) *nner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery; Foreman,* (*b*) *Automobile factory.* The material rked on may form part of the second statement. ver return "Laborer," "Foreman," "Manager," ealer," etc., without more precise specification, as *y laborer, Farm laborer, Laborer—Coal mine,* etc. omen at home, who are engaged in the duties of the sehold only (not paid *Housekeepers* who receive a nite salary), may be entered as *Housewife, House-*, or *At home,* and children, not gainfully employed, *t school* or *At home.* Care should be taken to re-t specifically the occupations of persons engaged in stic service for wages, as *Servant, Cook, House-*, etc. If the occupation has been changed or given n account of the DISEASE CAUSING DEATH, state oc-tion at beginning of illness. If retired from busi-that fact may be indicated thus: *Farmer (re-6 yrs.).* For persons who have no occupation tever, [illegible] *None.*

tatem[illegible] cause of death.—Name, first, the ASE CA[illegible] DEATH (the primary affection with re-t to time [illegible] causation), using always the same pted term for the same disease. Examples: *Cere-inal feve* (the only definite synonym is "Epidemic rospinal meningitis"); *Diphtheria* (avoid use of p"); *Typhoid fever* (never report "Typhoid monia"); *Lobar pneumonia; Bronchopneumonia* neumonia," unqualified, is indefinite); *Tuberculosis l ngs, meninges, peritonaeum,* etc., *Carcinoma, Sarcoma,* etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septichaemia,*" "PUERPERAL *peritonitis,*" etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

HUGH STEPHENS, JEFFERSON CITY.

Affidavit

Francesco Paolo Mortillaro, an Italian Citizen, born in Salemi, Italy, residing in Saint Louis, State of Missouri, at 814 Morgan Street, being duly sworn, deposes and says:

That he is a brother of GIUSEPPE MORTILLARO, both being the sons of the late Luigi Mortillaro and Maria Baudanza, all born in Salemi, Italy.

That GIUSEPPE MORTILLARO came in this Country five years ago and lived all this time in this City of Saint Louis, until July 13th 1910, on which date he was killed in said city while coupling two cars of the United Raiways Co; was crushed to death.

The Affiant says that his said brother GIUSEPPE MORTILLARO, instead of using his real name of MORTILLARO, thinking it too hard to pronounce and to spell, being himself illiterate and not knowing how to read and write, gave all the time to his employers, as his own, the more easy and plain name of MANIACI, and consequently he was known in this City as JOSEPH MANIACI; under such name was employed by the United Railways Co, and under such name the Coroner certified to his death.

The truth however is that the person who was killed in Saint Louis on July 13th. 1910 by being crushed between two cars of the United Railways Co, was exactly my brother GIUSEPPE MORTILLARO, son of the late Luigi Mortillaro and Maria Baudanza, born in Salemi, Italy, on June 8th. 1883 and known in Saint Louis as JOSEPH MANIACI.

Mortillaro Francesco Paolo

Di Benedetto Giuseppe Witness

Vittoria Francesco Witness

Sworn and subscribed to by the Affiant in my presence and in the presence of the above signed Witnesses in this City of Saint Louis, State of Missouri, this 15th. day of November 1910.

My Commission Expires March 4th, 1911

John L. Sarafini

Notary Public.