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 state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34804

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 9756

City St Louis (No. St Louis Children's Hospital St. ..... Ward)

2. FULL NAME Frank Tarmino

(a) Residence. No. 1533 N Jefferson St., 20 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Lfe yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): ✓

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 9-23-28

7. AGE: Years — Months — Days 10 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: ✓
(b) General nature of industry, business, or establishment in which employed (or employer): ✓
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Sam Tarmino
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... Italy
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Vita Luppold
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... Italy
(STATE OR COUNTRY)

14. INFORMANT L. Koetting
(Address) 500 S. Kingshighway

15. FILED OCT -3 1928 19 May C Stark Coff REGISTRAR
1533 N Jefferson

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-3 1928

17. I HEREBY CERTIFY, That I attended deceased from 9-27-, 1928 to 10-3, 1928 that I last saw h. in alive on 10-3, 1928, and that death occurred, on the date stated above, at 7:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Erysipelas (involving trunk and lower extremities) non Traumatic cause unknown
15B (duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY) 21B (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
0 DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Phys. Ex —
(Signed) Geo. H. Littell, M. D
, 19 (Address) St Louis Children's Hosp.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary — DATE OF BURIAL: 10-4-1928

20. UNDERTAKER: Benwick Michaels — ADDRESS: 1138 N 6th St