

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

Do not use this space.

11152

1. PLACE OF DEATH

County..... Registration District No. 701
 Townships..... Primary Registration District No. 11W053
 City St. Louis Mo. (No. Desloge Hospital)
 St. Ward)

File No.
 Registered No. 2194
 St. Ward)

2. FULL NAME

(a) Residence, No. 5227 Vandeventer St., 11 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. 4 mos. - ds. How long in U. S., if of foreign birth? 12 yrs. 4 mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>		4. COLOR OR RACE <u>Filipino</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 13, 1893</u>					
7. AGE		YEARS		MONTHS	
<u>39</u>		46		<u>8</u>	
		DAYS		If LESS than 1 day,hrs. ormin.	
		<u>18</u>			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Manager</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Restaurant</u>				
	10. Date deceased last worked at this occupation (month and year) <u>Aug. 15, 1931</u>				
11. Total time (years) spent in this occupation <u>12 yrs.</u>					
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Philippine Islands</u>					
FATHER	13. NAME <u>Dionisio Clarin</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Philippine Islands</u>				
MOTHER	15. MAIDEN NAME <u>Unknown</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Philippine Islands</u>				
17. INFORMANT (ADDRESS) <u>Jose Clarin 1422 1/2 Washington Bl.</u>					
18. BURIAL, CREMATION, OR REMOVAL					
PLACE <u>Celroy Cem.</u> DATE <u>3/6/1933</u>					
19. UNDERTAKER (ADDRESS) <u>Bergsch and Co. 366 Washington Bl.</u>					
20. FILED <u>11-6-1933</u> 19 <u>St. Louis</u> Registrar.					

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from
Feb 28, 1933, to March 3, 1933

I last saw him alive on March 3, 1933 Death is said to have occurred on the date stated above, at 11:45 P.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis (Pulmonary) Date of onset
Tuberculosis (mesentery)

23A
25

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify

(Signed) Emmet J. Lo Piccolo, M. D.
 (Address) 4145 magnolia

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.

WRITE PLAINLY, WITH OMPARING THE OTHERS TO A STANDARD

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