

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.

DEC 12 1935

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

Do not use this space.

37490

## 1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1008**  
City **St. Louis MO** (No. **City Hospital #1**) St. .... Ward)

File No. ....  
Registered No. **9456**

## 2. FULL NAME

**Joseph Torino** **JOSEPH TORINO**  
(a) Residence, No. **5214 R. ELIZABETH** **13** Ward. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred **30** yrs. **None** mos. **None** ds. How long in U. S., if of foreign birth? **30** yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>MALE</b>	4. COLOR OR RACE <b>WHITE</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>MARRIED</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>AUSSIANA TORNO</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>1883 8/19</b>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
<b>52</b>		<b>2</b>	<b>20</b>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>LABOR</b>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year) <b>October</b>		11. Total time (years) spent in this occupation. <b>30yr</b>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>NOSATE ITALY</b>				
FATHER	13. NAME <b>John TORNO</b>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>NOSATE ITALY</b>			
MOTHER	15. MAIDEN NAME <b>SEATANA RODINI</b>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>NOSATE ITALY</b>			
17. INFORMANT (ADDRESS) <b>In Brose BRAGA 5214 Elizabeth Ave</b>				
18. BURIAL, CREMATION, OR REMOVAL (ADDRESS) <b>New S.S. Cemetery, Wash DATE 11-12 1935</b>				
19. UNDERTAKER (ADDRESS) <b>Calcuttina 5142 S. ...</b>				
20. FILED <b>NOV 11 1935</b> <b>J. T. Bredeck</b> Registrar.				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 9<sup>th</sup>, 1935**

22. I HEREBY CERTIFY, That I attended deceased from **Nov 7**, 19**35**, to **Nov 9**, 19**35**

I last saw him alive on **Nov 9**, 19**35**. Death is said to have occurred on the date stated above, at **2:55 P.M.**

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

Other contributory causes of importance: **46**

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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?  
If so, specify.....

(Signed) **Dr. J. T. Bredeck**, M. D.  
(Address) **City Hospital**  
**St. Louis, Mo.**

Calcutta

23/3/81