JAN 13 1936

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

Do not use this space.

41679

File No. .....

Registered No. 10923

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1002

City ..... (No. St. Johns Hospital St. ..... Ward)

2. FULL NAME Julius Mariano

(a) Residence, No. 2010 Mullanphy 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 ..... 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*): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 14-1902

7. AGE: Years 33 | Months 10 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Lebb Bone Co

10. Date deceased last worked at this occupation (month and year): Dec 21-1935

11. Total time (years) spent in this occupation: 8 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

FATHER

13. NAME: John Mariano

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

MOTHER

15. MAIDEN NAME: Celia Mpurawski

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs May Mariano 2010 Mullanphy

18. BURIAL, CREMATION, OR REMOVAL PLACE: Calvary DATE: Dec 26 1935

19. UNDERTAKER (ADDRESS): Bernard Duhaney 4138 Gravois

20. FILED: DEC 24 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 21 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6:50 p.m.

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

	Date of onset
Internal Hem of ruptured spleen	
Lacerated liver, Died when crushed	
by crane on highway construction	
near Kingshighway & W Pappin	
Chouteau Died 5:45 PM 12/21/35	

Other contributory causes of importance: 76

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

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

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accid Date of injury 12/21/1935

Where did injury occur? St Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Crushed by crane

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? yes

If so, specify Signal man

(Signed) Harold J. Schulz, M. D.

(Address) Depot

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 UNFADING INK—THIS IS A PERMANENT RECORD

100M-11-24-33