

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.

OCT 14 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791
1003

32832

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No.
(b) Township..... Primary Registration District No.
(c) City. **1405 N. 7th Street** (d) Street No. **1405 N. 7th Street**..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **8886**

2. PRINT FULL NAME **Carlo Orlando**

(a) Residence, No. **1405 N. 7th St.** St. **25**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 **Vincenza Orlando**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 29, 1865.**

7. AGE YEARS **72** MONTHS **1** DAYS **23** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Retired machinist**
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Italy**

13. NAME **Mike Orlando**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Italy**

15. MAIDEN NAME **Catherine Bologna**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Italy.**

17. INFORMANT **Joe Orlando** (ADDRESS) **1405 N. 7th Street.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Sept. 24, '37**

19. FUNERAL DIRECTOR **Bensick - Zuehlke** (ADDRESS) **1131 N. 7th St.**

20. FILED **9/23/37** **Bredbeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 21, 1937**

22. I HEREBY CERTIFY, That, I attended deceased from **April 22**, 1937, to **September 3**, 1937.
I last saw him alive on **September 26, 1937**. Death is said to have occurred on the date stated above, at **11 P.** m.
The principal cause of death and related causes of importance were as follows:

**Extensive Cardio Vascular
Renal Disease with
Myocardial Failure**

Date of onset

Other contributory causes of importance:

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? **No**
If so, specify

(Signed) **T. J. Roberts**, M. D.
(Address) **626 Metropolitan Bldg**

Mr. K. J. ...
2082 ...
Wed. 1-3

STATEMENT BY LICENSED EMBALMER

I, Larry M. White, Licensed Embalmer No. 3973

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Larry M. White
Licensed Embalmer No. 3973

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)