

NOV 23 1937

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

Do not use this space.

38836

1. PLACE OF DEATH

County Saint LouisRegistration District No. 1123Township CarondeletPrimary Registration District No. 6248 BCity Jefferson Barracks (No. VETERANS Hospital)

File No. _____

Registered No. 421

St. _____ Ward _____

2. FULL NAME Martin SIGILLITO(a) Residence, No. 2216 Richert Avenue St. _____ Ward Saint Louis, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)Length of residence in city or town where death occurred Unkn. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Assunta Sigillito6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26, 18887. AGE YEARS MONTHS DAYS If LESS than 1 day, or min.
49 2 258. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Designer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailoring business10. Date deceased last worked at this occupation (month and year) Jan. 1937 11. Total time (years) spent in this occupation 33 yrs.12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy13. NAME Michael Sigillito14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy15. MAIDEN NAME Philimina Malanga16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy17. INFORMANT Active Clinical Clerk
(ADDRESS) VAF Jefferson Barracks, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE National Cemetery DATE October 25, 3719. UNDERTAKER C. Hoffmeister U. & L. Co.
(ADDRESS) 7814 S. Broadway, St. Louis, Mo.20. FILED Oct. 23, 1937 L. Mowry
Registrar21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 21, 193722. I HEREBY CERTIFY, That I attended deceased from January 18, 1937 to October 21, 1937I last saw him alive on October 21, 1937 Death is said to have occurred on the date stated above, at 7:35A.m.

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

Arteriosclerosis, generalizedDate of onset
Unkn.Other contributory causes of importance: Cerebral HemorrhageUnkn.Name of operation None Date of None
Div. clinical manif. and laboratory
What test confirmed diagnosis? Was there an autopsy? NO23. 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 See Hughes(Signed) C. W. HUGHES, Chief Med. Off. M. D.(Address) VAF Jefferson Barracks, Mo.

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

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