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.

FEB 12 1938

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

791 3

253
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003 /

(b) Township ..... Primary Registration District No. ..... Registered No. 109

(c) City St. Louis (d) Street No. Enroute to City Hospital 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 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Salvatore Marino 650

(a) Residence, No. 6376 Clayton Rd. St. 4
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ----------

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18, 1883

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	54	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Repair shoes

9. Industry or business in which work was done, as saw mill, bank, etc. own shop

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Cifalu
(STATE OR COUNTRY) Italy 7

FATHER

13. NAME Antonino Marino 7

14. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY) Italy 7

MOTHER

15. MAIDEN NAME Camilla Vazzana

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

17. INFORMANT Sam Micotto
(ADDRESS) 3051 Whittier

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE January 5, 38

19. FUNERAL DIRECTOR P. Miceli & Son
(ADDRESS) 1133 No. Kingshighway Bl.

20. FILED JAN 4 1938 J. H. Bredeck
Local Registrar.

NO ~~MEDICAL CERTIFICATE OF DEATH~~
~~PHYSICIAN IN ATTENDANCE~~

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/2/38, 19

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 3:30 P.M.

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

	Date of onset
Coronary Occlusion (Sclerotic)	
Aortic Regurgitation.	
Chronic Aortitis. (Cause unknown)	
Cirrhosis of Liver.	

Other contributory causes of importance:

1248

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? ..... 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) Joseph M. Levin 4, ~~M. D.~~

(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Arnold W. Schoene, Licensed Embalmer No. 3864

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

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

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