

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

Do not use this space. **310**

FEB 12 1938

791

1003

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. ....  
 (c) City St. Louis (d) Street No. Faith Hospital St. ....  
 (e) Length of residence in city or town where death occurred 27 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Josephine Lombardo 516  
 (a) Residence, No. 5075 Maple St. 12  
 (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 <b>Female</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>Angelo Lombardo</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Jan. 3, 1911</b>		
7. AGE	YEARS	MONTHS
	<b>27</b>	<b>0</b>
		DAYS
		<b>2</b>
		IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	<b>housewife</b>
	9. Industry or business in which work was done, as saw mill, bank, etc.	<b>at home</b>
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<b>St. Louis Mo.</b>
	13. NAME	<b>Charles Giaraffa</b>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<b>Italy</b>
	15. MAIDEN NAME	<b>Angeline Lombardo</b>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<b>St. Louis Mo.</b>
	17. INFORMANT (ADDRESS)	<b>Charles Giaraffa 5075 Maple</b>
	18. BURIAL, CREMATION, OR REMOVAL PLACE	<b>Calvary</b> DATE <b>Jan. 8, 1938</b>
	19. FUNERAL DIRECTOR (ADDRESS)	<b>P. Miceli &amp; Son 1133 No. Kingshighway Bl.</b>
	20. FILED	<b>JAN 6 1938</b> Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5 - 1938

22. I HEREBY CERTIFY That I attended deceased from Oct 22 - 1937, to Jan 5 - 1938. I last saw her alive on Jan 4 - 1938. Death is said to have occurred on the date stated above, at 1:30 P.M.

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

*Septicemia with streptococcus hemolytic infection, generalization, Endocarditis, acute myocarditis caused by streptococcus infected in blood.*

Other contributory causes of importance:  
*Pneumonia, Pharyngitis*

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) *J. P. Murphy*, M. D.  
 (Address) 26167 *St. Louis Mo*

Cause of Death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 the above constitutes grounds for revocation of license.)**