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.

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

FEB 12 1938

680
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 536

(c) City St. Louis (d) Street No. City Hospital # 1 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 15 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Conti 530

(a) Residence, No. 2749 Garrison St. 11
(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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 1, 1853

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
84	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. nil
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) Toscani Italy

FATHER

13. NAME Vincent Conti
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Italy

MOTHER

15. MAIDEN NAME Caterina (unknown)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Italy

17. INFORMANT (ADDRESS) Gaspare Mazuco 2749 Garrison

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Jan. 19 1938

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

20. FILED JAN 17 1938 19 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16 1938

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 4:00 A.m.

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

	Date of onset
Arterio Sclerosis	

Other contributory causes of importance:

Senile Debility

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

What test confirmed diagnosis? ..... Was there an autopsy? No

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) Alfred Perry 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 wi the above constitutes grounds for revocation of license.)