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

8633
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 2221
(c) City St. Louis (d) Street No. St. John's 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 23 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Francesco Sciortino 635
(a) Residence, No. 1235 No. 9 th 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 Marietta Sciortino

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 3, 1891

7. AGE: YEARS 46 MONTHS 4 DAYS 0 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
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) Marriale Italy

FATHER
13. NAME Giuseppe Sciortino
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Italy

MOTHER
15. MAIDEN NAME Angela (unknown)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Italy

17. INFORMANT (ADDRESS) Marietta Sciortino 1235 No. 9 th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE March 5, 1938

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

20. FILED MAR 5 1938 J F Bredeck Local Registrar. 3/4/38

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/13, 1938, to 3/3, 1938
I last saw him alive on 3/3, 1938. Death is said to have occurred on the date stated above, at 817 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscesses from old wound - details unknown	
Acute Cardiac Failure, caused by septic condition	3/2/38
Ac. Lobar Pneumonia	3/1/38
Ac Sepsis	2/28/38
Other contributory causes of importance:	
Ac Bronchitis	2/17/38
Abscess of Scrotum	2/28
Abscess of Perineum	2/28
Ac Gastric Haemorrhage	2/17
Name of operation Hematoma & Hydrocele Left	
What test confirmed diagnosis? Was there an autopsy?	
Gastric Hemorrhage from Gastric Ulcer	2/16/38

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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 none
Nature of injury !

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) George T. Mehan, M. D.
(Address) 1006 So Jefferson

(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.)