

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

9291
Do not use this space.

**791
1003**

Registered No. **2880**

REC'D APR 11 1938

1. PLACE OF DEATH
 (a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis (d) Street No. 4004 No. Kingshighway Bl. 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 4 yrs. 6 mos. 9 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fred Inchiostro 522
 (a) Residence, No. 4004 No. Kingshighway Bl. St. 7
 (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 Single		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17, 1933		
7. AGE YEARS 4	MONTHS 6	DAYS 9
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. child		
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) St. Louis Mo.		
13. NAME John Inchiostro		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Italy		
15. MAIDEN NAME Lena Inchiostro		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.		
17. INFORMANT (ADDRESS) John Inchiostro 4004 No. Kingshighway Bl.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE March 28, 1938		
19. FUNERAL DIRECTOR (ADDRESS) P. Miceli & Son 1133 No. Kingshighway Bl.		
20. FILED MAR 28 1938 <i>J.P. Breda</i> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar. 26, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 24, 1938, to Mar 26, 1938**
 I last saw him alive on **Mar 25, 1938** Death is said to have occurred on the date stated above, at **3 a. m.**
 The principal cause of death and related causes of importance were as follows:
Acute Lymphatic Leukemia
 Date of onset **Mar 23, 1937**

Other contributory causes of importance:
Acute Cervical abscess caused by Ha. Strep.
 Date **Mar 2, 1938**

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?
 If so, specify
 (Signed) **John Zahorsky**, M. D.
 (Address) **526 N. Taylor**

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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 Schoene

Licensed Embalmer No. 3864

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