

REC'D MAY 10 1938

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

13273
Do not use this space.

1. PLACE OF DEATH

- (a) County.....
(b) Township.....
(c) City..... (d) Street No. 1436 N. 14th Street. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

- (a) Residence, No. 1436 N. 14th. St. St. Louis Mo. 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 Maria Mormino (Loscalo)		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24 ?		
7. AGE YEARS Apt. 68	MONTHS	DAYS If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Fruit Dealer	
	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		
FATHER	12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Italy 7	
	13. NAME Leo Mormino 7	
MOTHER	14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Italy 7	
	15. MAIDEN NAME Unknown	
16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Italy		

17. INFORMANT Palu Mormino
(ADDRESS) 1436 N. 14th Street.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE April 27 1938

19. FUNERAL DIRECTOR Benich N. Schaus
(ADDRESS) 1436 N. 14th Street

20. FILED APR 26 1938 J. P. Bredner Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 24 1938

22. I HEREBY CERTIFY, that I attended deceased from

Apr 24 58 to April 24 1938

I last saw him alive on April 23 1938. Death is said to have occurred on the date stated above, at m.

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

Chronic Interstitial Nephritis

Date of onset

?

Other contributory causes of importance:

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

What test confirmed diagnosis? Analysis 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?.....

If so, specify.....

(Signed) Frank J. Stange, M. D.

(Address) 3924 S Grand Blvd. St. Louis, Mo.

1766. m

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

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

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed: *Larry M. White*
Licensed Embalmer No. *3923*

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.)