

4 1938 REC'D JUN 7 1938

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

19457
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis Registration District No. 789
(b) Township Clayton Primary Registration District No. 107
(c) City Clayton (d) Street No. Euclid St Registered No. 907
(e) Length of residence in city or town where death occurred 17 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Ignazio Amidio Martorelli 636
(a) Residence, No. 4557 Lewis Pl. St. (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 Josephine Martorelli
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 2, 1895
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 43 3 20
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Bartender
9. Industry or business in which work was done, as saw mill, bank, etc. Tavern
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) Rome Italy
FATHER 13. NAME Domenico Martorelli
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rome Italy
MOTHER 15. MAIDEN NAME Rosa Donte
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rome Italy
17. INFIRMANT (ADDRESS) Josephine Martorelli 4557 Lewis Pl.
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE May 25 1938
19. FUNERAL DIRECTOR (ADDRESS) P. Miceli & Son 1133 No. Kingshighway Bl.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 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 3:30 p.m.
The principal cause of death and related causes of importance were as follows:
Homicide by firearms (Shot-gun) Date of onset 5/21/38
Other contributory causes of importance:
Gun shot wound of chest & heart
Name of operation _____ Date of _____
What test confirmed diagnosis? Medical exp. Was there an autopsy? yes
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 5/22, 1938
Where did injury occur? Wallston, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Homicide by shot-gun
Nature of injury Gun wound chest
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) John J. Cornell, M. D.
(Address) St. Louis

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.

MAY 24 1938 19 5 R Meyer M.D.P.H.
Local Registrar.

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 with the above constitutes grounds for revocation of license.)