REC'D FEB 10 1939

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

281
Do not use this space.

2 791 1003 281

1. PLACE OF DEATH

(a) County 1 Registration District No. 1003

(b) Township Primary Registration District No. Registered No. 281

(c) City St. Louis (d) Street No. 4242 Russell Bulard 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 625 Ben Benedetto Marconi

(a) Residence, No. 4242 Russell Blud St. 17 St Louis Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18. 1873

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
65		20	

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. Laborer

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) Italy

FATHER

13. NAME Guisseppe Marconi

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

MOTHER

15. MAIDEN NAME UnKnown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

17. INFORMANT Mrs Mary Marconi
(ADDRESS) 4242 Russell Bld

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Matthews DATE Jan 9 1939

19. FUNERAL DIRECTOR (NAME) Paul L. Calcaterra
(ADDRESS) 5142 Daggett

20. FILED JAN 9, 1939 J. P. Bischel Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) ~~DECEMBER~~ January 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from APRIL, 1939, to Jan. 7, 1939

I last saw him alive on Jan. 5, 1939. Death is said to have occurred on the date stated above, at 1 A. m.

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

	Date of onset
CEREBRAL THROMBOSIS	12/24/38

Other contributory causes of importance:
Diabetes Mellitus
ARTERIO-SCLEROSIS

Name of operation NONE 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? NONE 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) Curtis A. Meyer, M. D.
(Address) 650 Century Bldg.

Licensed Embalmer's Statement on Reverse Side)

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No. —....., working under my personal supervision.

Signed. Paul C. Cabotera

Licensed Embalmer No. 8376

P. O. Address 5142 Daggett a

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.)

If this body is not embalmed, above space should be left blank.