

REC'D FEB 10 1939

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

403
Do not use this space.

1. PLACE OF DEATH

(a) County..... 2 Registration District No. 791
(b) Township..... Primary Registration District No. 1003
(c) City St. Louis (d) Street No. 1018a No. 16th St. Registered No. 403
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred 26 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Giuseppe Orlando

(a) Residence, No. 1018a No. Tenth St. 25 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Anna Orlando

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 6, 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 11 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as saw mill, bank, etc. Fruit

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (unknown) 9
(STATE OR COUNTRY) Italy

13. NAME Salvatore Orlando

14. BIRTHPLACE (CITY OR TOWN) (unknown) 1
(STATE OR COUNTRY) Italy

15. MAIDEN NAME Vincenza Cavatio

16. BIRTHPLACE (CITY OR TOWN) (unknown) 1
(STATE OR COUNTRY) Italy

17. INFORMANT Anna Orlando
(ADDRESS) 1018a No. Tenth St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Jan. 13, 1939

19. FUNERAL DIRECTOR (NAME) P. Miceli & Son
(ADDRESS) 1150 No. Kingshighway

20. FILED JAN 12 1939 J. B. Brudner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1938, to Jan 11, 1939

I last saw him alive on Jan 10, 1939. Death is said to have occurred on the date stated above, at 1:30 P.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach
Date of onset 6 Mo.

Other contributory causes of importance:

Diabetes Mellitus 3 yrs.

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (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? no

If so, specify

(Signed) Arthur W. J. [Signature]

(Address) 1301 Madison St.

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..... *Arnold W. Schoene*

Licensed Embalmer No. *3864*

P. O. Address *St. Louis, Mo*

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

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