

REC'D APR 12 1939

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

8174
Do not use this space.

791
1003

Registered No. 1939

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis Mo. (d) Street No. 5217 a Wabada 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 Maria A. Casciaro

(a) Residence, No. 5217a Wabada St. 6
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 2-28-1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pietro Arico

22. I HEREBY CERTIFY, That I attended deceased from 2-20, 1939, to 2-28, 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 8 1885

I last saw him alive on 2-28, 1939 Death is said to have occurred on the date stated above, at 7 A.m.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 54 1 20

Pulmonary Oedema.
No pneumonia or tuberculosis
Cardiac Asthma.
Date of onset 2-27-39
956

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Seamstress
9. Industry or business in which work was done, as saw mill, bank, etc. Bond Clothing Co.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Other contributory causes of importance:
Acute Myocarditis, caused by exhaustion & weakness
2-20-39

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spezzano Piccolo Italy

FATHER 13. NAME Francesco Casciaro

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) San Giovanne Fiore Italy

MOTHER 15. MAIDEN NAME Concetta Cannata

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

17. INFORMANT (ADDRESS) Filomena Vigna 5215a Wabada

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE March 3 1939

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

20. FILED MAR 1 1939 J. F. Budick Local Registrar

Name of operation None Date of
What test confirmed diagnosis? Heart found just found. 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
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 Natural cause Scott Haver, M.D.
(Signed) M. D.
(Address) 634 N. Grand Blvd. St. Louis Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 1 1942

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 the above constitutes grounds for revocation of license.)