

REC'D APR 17 1939

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

9408  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 399  
 (b) Township Howe Primary Registration District No. 1102  
 (c) City St. Louis, Mo (d) Street No. 1700 Hospital St. Charles Hosp Registered No. 1014  
 (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.  
240 yrs. mos. ds. Joe Nasello  
 2. PRINT FULL NAME Joe Nasello  
 (a) Residence, No. 1098 E. 5 St 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) widower  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unkension  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19 1880  
 7. AGE YEARS 58 MONTHS 11 DAYS 14 If LESS than 1 day, .....hrs. or .....min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. Labor  
 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 Arthur Nasello  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy  
 MOTHER 15. MAIDEN NAME Unk. Spitala  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy  
 17. INFORMANT (ADDRESS) Resident Clerk K.C. St. Charles Hosp  
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE 3-7-1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Pomantio Bros. K.C. Mo  
 20. FILED Feb 3, 1939 M. M. Browne Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-5-39, 19  
 22. I HEREBY CERTIFY, That I attended deceased from 3-3-39, 19, to 3-5-39, 19.  
 I last saw him alive on 3-5-39, 19. Death is said to have occurred on the date stated above, at 2:30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of Caecum with intestinal obstruction Date of onset \_\_\_\_\_  
 Other contributory causes of importance: 46  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) P. F. De Marzio, M. D.  
 (Address) St. Charles Hosp  
St. Louis, Mo

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.

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**