WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

REC'D JUN 12 1939

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

17280
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. .....
(b) Township ..... Primary Registration District No. ..... Registered No. 4814
(c) City St Louis (d) Street No. 1806 Macklind 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 660 Carlo Ferrario
(a) Residence, No. 1806 Macklind St. 13
(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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josephine Ferrario
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 3, 1866
7. AGE YEARS 72 MONTHS 6 DAYS 24 If LESS than 1 day, ... hrs. or ..... min.

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. retired
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 Luigi Ferrario
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy
MOTHER
15. MAIDEN NAME Amalia Ruggeri
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy
17. INFORMANT (ADDRESS) Mr. A. Ferrario 1806 Macklind
18. BURIAL, CREMATION, OR REMOVAL PLACE St Peter & Paul DATE May 29, 39
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Paul C Kalcatera 5142 Daggett
20. FILED MAY 27 1939 J. F. Bredick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/25 1939
22. I HEREBY CERTIFY, That I attended deceased from 5/1, 1939, to 5/25, 1939
I last saw him alive on 5/25, 1939. Death is said to have occurred on the date stated above, at 11 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-nephritis	1937
Carcinoma of bladder	1938
Urinary	
Other contributory causes of importance:	
Uremia 51	5/23/39

Name of operation none Date of .....
What test confirmed diagnosis? Lab & Hyst. 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? no
If so, specify .....
(Signed) L. A. Millikin, M.D.
(Address) 2608 S. Kings Highway

(Licensed Embalmer's Statement on Reverse Side)

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 Saul C Calcaterra

Licensed Embalmer No. 2376

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.