

FILED APR 20 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11680

Registration District No. 678

Primary Registration District No. 8904

Registrar's No. _____

1. PLACE OF DEATH: Phelps County.
 (a) County Phelps County.
 (b) City or town R.F.D St. James Twp.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community Lifetime. (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Louis Marchi.
 8. (b) If veteran, name war No
 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife MRS Louis Marchi. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January, 15th, 1906
 (Month) (Day) (Year)

8. AGE: Years 35 Months 12 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Rosati, Missouri.
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business Sabantino Marchi.

12. Name Italy.
 18. Birthplace Italy. (State or foreign country)

14. Maiden name Gianna Contini. (State or foreign country)
 15. Birthplace Italy. (State or foreign country)

16. (a) Informant's own signature Mrs Delephus Brown

(b) Address Rosati Missouri

17. (a) Burial (b) Date thereof 3-14-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rosati Missouri

18. (a) Signature of funeral director John J. Roman

(b) Address John J. Roman

19. (a) Apr-1-41 (b) Clair B. Houck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri. (b) County Phelps
 (c) City or town St James,
 (If outside city or town limits, write "RURAL")
 (d) Street No. General Delivery.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. X _____ years

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March, day 11th,
 year 1941 hour 2. P. M. minute _____ M.

21. I hereby certify that I attended the deceased from March 1, 1941, to March 9, 1941;
 that I last saw him alive on March 9, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Hydatidic Pneumonia
Acute general
Tuberculosis
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)
 (e) Means of injury _____

23. Signature McCartney (M. D. or other) _____
 Address Phelps Mo Date signed _____

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 5,

District File Number 441458

Date Filed _____

1312

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11680

Registration District No. 678

Primary Registration District No. 5904

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. James
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Louis Marche

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years 35 Months 2 Days 11 If less than one day _____

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 11 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic pneumonia Duration _____
monia

Due to Acute general Tuberculosis

Due to Pulmonary T.B.
Tubercular Osteomyelitis and

Other conditions: Tuberculosis Lumbar Spine
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury _____

23. Signature J. M. Cunningham (M. D. or other) DO

Address St. James Mo Date signed 6-10-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

SUPPLEMENTAL

11680