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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED AUG 28 1941 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23708

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6050

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St. Anthony Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Days
(Specify whether)

In this community 36 Years
years, months or days

3. (a) PRINT FULL NAME Girolama Orlando

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Giuseppe

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased April 12 1888
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>53</u>	<u>3</u>	<u>11</u>	hr. min.

9. Birthplace Palmero Italy 5
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Nicolo Valenti

13. Birthplace Terrasini Italy 5
(City, town, or county) (State or foreign country)

14. Maiden name Maria Nicastro

15. Birthplace Carini Italy 5
(City, town, or county) (State or foreign country)

16. (a) Informant Giuseppe Valenti

(b) Address 5246 Ridge av

17. (a) Burial (b) Date thereof July 26-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Nisch - Son

(b) Address 1150 N. Kingshighway Blvd.

19. (a) III 24 1941 (b) J. T. Brubaker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5246 Ridge Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 36 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1941 hour 1045 minute A M.

21. I hereby certify that I attended the deceased from July 12 1941 to July 23 1941; that I last saw her alive on July 23 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Ischaemic Cardiac

Due to _____

Due to _____

Other conditions Chronic Arteriosclerosis of Arteries
(Include pregnancy within 3 months of death)

Major findings: Obstruction of Pulmonis
Cancer C. of Stomach

Of autopsy _____

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 Frank Staves M.D. (M. D. or other) D
Address 3924 S. Grand St. St. Louis 2 Date signed 7/27/41

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17
69

Duration
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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 comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.