

Registration District No. **384**

Primary Registration District No. **201**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Lemay**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **600 Weiss ave.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 months** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Lemay**
(If outside city or town limits, write "RURAL")
(d) Street No. **600 Weiss ave.** (If rural, give location)
(e) If foreign born, how long in U. S. A.? **10** years.

3. (a) PRINT FULL NAME **Casper Machino**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Catherine Machino** 6. (c) Age of husband or wife if alive **69** years
7. Birth date of deceased **April 5 1872**
(Month) (Day) (Year)

8. AGE: Years **69** Months **5** Days **2** If less than one day hr. min.

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

10. Usual occupation **Farm Laborer**

11. Industry or business **Unemployed**

12. Name **John Machino**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Catherine Machino**
(b) Address **600 Weiss ave.**

17. (a) **Burial** (b) Date thereof **Sept. 10, 41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Olive Cemetery**

18. (a) Signature of funeral director **C. Hoffmeister & Co.**
(b) Address **7814 S. Broadway**

19. (a) **SEP - 9 1941** (b) **H. M. Curran**
(Date received local record) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **7**
year **1941** hour **10** minute **00** am. m.

21. I hereby certify that I attended the deceased from **May 6 - 1941**
to **Sept 7** 19 **41**;
that I last saw him alive on **Sept 7** 19 **41**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of tongue Esophagus & glands of neck - 460-192**

Due to **45**

Other conditions **Age infirmities**
(Include pregnancy within 3 months of death)
+ starvation, could not swallow

Major findings: Of operations
Of autopsy

Duration
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 **C. Briesmeyer** (M. D. or other)
Address **762 Lemay Ferry Rd.** Date signed **9-8-41**

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

76
00

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

Edwin H. Leubinger

Licensed Embalmer No.

4049

P. O. Address

6441 Chippewa

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.