

FILED MAR 17 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4686
1154
Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5227 Daggett Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community _____
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 13 000
(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 5227 Daggett Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lorenzo Martarona

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

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

6. (b) Name of husband or wife Maria Chennici
6. (c) Age of husband or wife it alive 70 years

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

8. AGE: Years About 76
Months
Days
If less than one day hr. min.

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

10. Usual occupation

11. Industry or business Laborer

12. Name John Martarona

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

14. Maiden name Quiseppe Thierina
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Maria Martarona

(b) Address 5227 Daggett Ave

17. (a) Burial (b) Date thereof 2..9..42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul Cem.

18. (a) Signature of funeral director Paul C. Calceiro

(b) Address 5227 Daggett Ave

19. (a) FEB 6 (b) J. F. Buech
(Date received local health officer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5
year 1942 hour 4 minute 05 M.

21. I hereby certify that I attended the deceased from 10-29 1942 to 2-4 1942
that I last saw him alive on 2-5 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Chronic myocarditis
Pulmonary infarction 20 days

Due to. none
Due to. none
Other conditions. none
(Include pregnancy within 3 months of death)

Major findings:
Of operations. none
Of autopsy. none
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? _____

(Specify type of place) while at work? (e) Means of injury _____
23. Signature Victor E. Scherman (M. D. or other)
Address 508 W. Grand Date signed 2/6/42

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.....

Paul C. Calcaterra

Licensed Embalmer No. *2376*

P. O. Address *5142 Daggett Av*

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.