

FILED JUL 28 1942

1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis.**
(c) Name of hospital or institution:
St. Louis City Hospital.
(d) Length of stay: In hospital or institution. **One Day.**
In this community **40 Years.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **000**
(c) City or town **St. Louis.**
(d) Street No. **4235 Maryland Ave.**
(e) Citizen of foreign country? (Yes or No) **0**
If yes, name country.....

3. (a) PRINT FULL NAME **Oreste Mariani.**

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 **Married**

6. (b) Name of husband or wife **Julia Mariani.** 6. (c) Age of husband or wife if alive **62 Years**

7. Birth date of deceased **Unknown** 1879

8. AGE: Years **63** Months **Unknown** Days If less than one day hr. min

9. Birthplace **Italy.**

10. Usual occupation **Laborer Park Department.**

11. Industry or business.....

12. Name **John Mariani.**

13. Birthplace **Italy.**

14. Maiden name **Zora Parotti.**

15. Birthplace **Italy.**

16. (a) Informant **John Mariani.**

(b) Address **4235 Maryland Ave.**

17. (a) **Burial.** (b) Date thereof **7-20-42**

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Arthur J. Donnelly**

(b) Address **3840 Lindell Blvd**

19. (a) **J.P. Prudech** (b) **J.P. Prudech**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **17th.** year **1942** hour **9** minute **15 P.M.**

21. I hereby certify that I attended the deceased from 19..... to 19..... that I last saw h..... alive on 19..... and that death occurred on the date and hour stated above.

Immediate cause of death: **Fracture of skull, subarachnoid hemorrhage of brain when he was struck by a northbound Taylor Avenue street car. Married by one Charles Maser about 60 feet north of the intersection of Kingshighway East West Main, St. Louis.**

Major findings: **Accident**
Of operations.....
Of autopsy.....

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident**
(b) Date of occurrence **7/17/42**
(c) Where did injury occur? **at home**
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Public Place**

23. Signature **Thomas F. Callahan** (M. D. or other) **Deputy Coroner**
Address **Deputy Coroner** Date signed **7/18/42**

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

74

Overseer Office

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.....

W.H. Dan Matre

Licensed Embalmer No. *2825*

P. O. Address *4340 Lafayette*

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.