

FILED MAR 15 1943 318

1973

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
City Infirmary 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 yrs. 4 mo. 20 days.
 (Specify whether
 In this community 33 yrs.
 years, months or days)

3. (a) PRINT FULL NAME Dominik Marchella

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

4. Sex M 0 5. Color or race W 6. (a) Single, widowed, married, divorced 2 W

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

7. Birth date of deceased _____ - 1864
 (Month) (Day) (Year)

8. AGE: Years 79 Months - Days - If less than one day _____ hr. _____ min.

9. Birthplace Canada 2
 (City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business _____

MOTHER FATHER

12. Name Osti Marchella

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

14. Maiden name _____

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

16. (a) Informant Hiram Bazzoli

(b) Address 5800 Arsenal Street.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR 1 1943
 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen Kelly

(b) Address 1714 N. Taylor

19. (a) MAR 1 1943 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 13
 (c) City or town St. Louis 1000
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2323 Geyrer 17
 (If rural, give location)
 (e) Citizen of foreign country? Yes (Yes or No)
 If yes, name country Canada 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20
 year 1943 hour 10 minute 20 P. M.

21. I hereby certify that I attended the deceased from Jan 15, 1943 to Feb 20, 1943
 that I last saw him alive on Feb 20, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia - RUL
Bronchial

Duration 3 days

Due to Senility
Arteriosclerosis

Due to _____

Other conditions 107
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy Pneumonia & Arteriosclerosis

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 Roy E. Ahrens (M. D., brother)

Address 5600 Arsenal Date signed 2/25/43

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.....

M. M. Cassland

Registered Apprentice No. *847*

working under my personal supervision.

Signed.....

Harry E. Jolley

Licensed Embalmer No. *4078*

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.