V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 30 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8276

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2692

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: Park Lane Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days (Specify whether
In this community 23 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9 6
(If outside city or town limits, write "RURAL")

(d) Street No. 5517 Wells
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)

If yes, name country Italy 0

3. (a) PRINT FULL NAME Sam Fiordilino

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Vita

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

7. Birth date of deceased April (Month) 9 (Day) 1865 (Year)

8. AGE: Years 77 Months 11 Days 11 If less than one day hr. min.

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

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name Battista Fiordilino
13. Birthplace Terrasini (City, town, or county) Italy 5 (State or foreign country)

MOTHER
14. Maiden name Filippa Cusumano
15. Birthplace Terrasini (City, town, or county) Italy 5 (State or foreign country)

16. (a) Informant Charles Giamanco
(b) Address 5517 Wells av

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 22-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P Miceli-Son
(b) Address 1150 N. Kingshighway Blvd

19. (a) MAR 21 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 20 day 20th year 1943 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from 3-7 1943, to 3-20 1943 that I last saw h alive on 3-20 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Arterial Cyphosis (Arteriosclerosis)

Due to 97

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Dr Clyde E. Kane (M. D. or other)

Address 706 Walton Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.