. S. No. 2
OM—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19898

FD JUN 30 1943

Registration District No. 318 Primary Registration District No. Registrar's No. 5569

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: Firmin Desloge Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1003 000 1
(a) State Missouri (b) County 17
(c) City or town St. Louis 9 19 (If outside city or town limits, write "RURAL")
(d) Street No. 3699a Olive Street (If rural, give location)
(e) Citizen of foreign country? No 1 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Jack Orlando
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 Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September (Month) 15 (Day) 1890 (Year)

8. AGE: Years 52 Months 9 Days If less than one day hr. min.

9. Birthplace Terrasini (City, town, or county) Italy 5 (State or foreign country)
10. Usual occupation Business
11. Industry or business
FATHER
12. Name Pasquale Orlando
13. Birthplace Terrasini (City, town, or county) Italy 5 (State or foreign country)
MOTHER
14. Maiden name Luigia Bommarito
15. Birthplace Terrasini (City, town, or county) Italy 5 (State or foreign country)
16. (a) Informant Jac Orlando
(b) Address 5246 Ridge av
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director P Kiceli-Son
(b) Address 1150 N. Kingshighway
19. (a) JUN (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1943 hour 9 minute 15 P M.
21. I hereby certify that I attended the deceased from May 15, 1943, to June 15, 1943; that I last saw him alive on June 15, 1943 and that death occurred on the date and hour stated above.
Immediate cause of death Pulmonary Embolus — Duration 2 hrs
Due to Pneumonitis & Lung Abscess Diabetes
Due to
Other conditions (Include pregnancy within 3 months of death) 61
Major findings:
Of operations
Of autopsy

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 Vincent J. LaPiccola (M. D. or other)
Address 1900 S Marconi Date signed 6/17/43

(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.