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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. 33618

FILED NOV 1 1943

Registration District No. 310

Primary Registration District No. 1003

Registrar's No. 9340

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
 (b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Louis City Hospital  
Max C. Starkloff Memorial  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 DAYS  
(Specify whether years, months or days)  
 In this community 56 YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000  
 (c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3850 LEE AVE  
(If rural, give location)  
 (e) Citizen of foreign country? NO. (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME Joseph Francis Varone

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

4. Sex MALE 5. Color or Race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

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

7. Birth date of deceased MARCH 2, 1970  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
 73 7 20 hr. - min.

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

10. Usual occupation LABORER

11. Industry or business -

12. Name JOSEPH VARONE

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

14. Maiden name UNKNOWN

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

16. (a) Informant Vera Thomas

(b) Address 4735 Oakland Ave

17. (a) BURIAL (b) Date thereof 10/25/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BETHANY CEMETERY

18. (a) Signature of funeral director St. Louis Funeral Home

(b) Address 2205 ST. LOUIS AVE

19. (a) OCT 24 1943 (b) J. J. Bredebeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22,  
 year 1943 hour 8:00 minute A. M.

21. I hereby certify that I attended the deceased from October 19,  
1943 to October 22, 1943;  
 that I last saw him alive on October 22, 1943;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration -

Due to essential Hypertension

Due to -

Other conditions -  
(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? -

While at work? - (Specify type of place) (e) Means of injury -

23. Signature J. J. Martens (M. D. optional)  
 Address 1515 Lafayette Avenue, Date signed 10/22/43

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**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 *Albert G. Hoff*.....

Licensed Embalmer No. *2971*.....

P. O. Address.....

**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.**