S. No. 2
M—2-43
5-17-39
P I X35697

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

7963

FILED MAR 23 1945

Registration District No. 818 Primary Registration District No. 1003

State File No.

Registrar's No. 2313

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: St John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community 40 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis 10
(If outside city or town limits, write "RURAL")

(d) Street No. 4323 Lee Av.
(If rural, give location)

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

If yes, name country Italian

3. (a) PRINT FULL NAME Jack Lo Lordo (lordo)

3. (b) If veteran, name war

3. (c) Social Security No. 489-03-4968

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jennie

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased January (Month) 18 (Day) 1875 (Year)

8. AGE: Years 670 Months 1 Days 21 If less than one day hr. min.

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

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name Alfonzo Lo Lordo (Lordo)
13. Birthplace Siculiana (City, town, or county) Italy (State or foreign country)

MOTHER
14. Maiden name Grazia Sciortino
15. Birthplace Siculiana (City, town, or county) Italy (State or foreign country)

16. (a) Informant Alphonse Lordo
(b) Address 4323 Lee Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 13, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Nicoli-Sons
(b) Address 1150 N Kingshighway

19. (a) MAR 12 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9
year 1945 hour 11 00 minute A M.

21. I hereby certify that I attended the deceased from Aug 4 1944 to March 9 1945
that I last saw him alive on March 9 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia, Bacterial endocarditis — Duration 1 week

Due to Chronic pyelonephritis, Non-calculous — Several years

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Bacterial endocarditis

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 John [illegible] (M. D. ~~or other~~)

Address 4703 Carter Ave St Louis Date signed 3-9-45

(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.