. S. No. 2
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ev. 5-17-39
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

FILED AUG 3 1945

State File No. 22336

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6587

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: City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 yrs 5mos 22ds. (Specify whether
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street ~~1436 N. 14th St~~ City Sanitarium 9/3
(If rural give location)

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

If yes, name country

3. (a) PRINT FULL NAME MELLO MORMINO

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

4. Sex Male 0 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased September (Month) 12 (Day) 1894 (Year)

8. AGE: Years 50 Months 10 Days 13 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Salesman

11. Industry or business

FATHER
12. Name Paul Mormino
13. Birthplace Termini (City, town, or county) ITALY (State or foreign country)

MOTHER
14. Maiden name Mary Gelati
15. Birthplace not known (City, town, or county) Italy (State or foreign country)

16. (a) Informant Thelma Singler
(b) Address 5400 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30-45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Mueli & Sons
(b) Address 1150 N. Kingshighway Blvd.

19. (a) JUL 27 1945 (Date received local registrar) (b) J. F. Bradcock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25 year 1945 hour 4:00 A.M. minute M.

21. I hereby certify that I attended the deceased from March 1, 1941, to July 25, 1945; that I last saw him alive on July 25, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Broncho- Pneumonia	3 das.
xxxx Dehydration	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Yes

107

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 L. H. Of Valles (M. D. or other)
Address 5400 Arsenal St Date signed 7/25/4

(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.