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17-39
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FILED 318 5 1946

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Registration District No. _____ Primary Registration District No. _____

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. 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 0 (Specify whether)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME CARLO MARCO

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race Wh

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

(b) Name of husband or wife Romana

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Feb 9 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>10</u>	<u>19</u>	hr. _____ min. _____

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

10. Usual occupation Tavern Operator

11. Industry or business _____

MOTHER FATHER

12. Name Christopher Marco

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

14. Maiden name Mary Odisco

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

16. (a) Informant Romana Marco

(b) Address 3003 Ridge

17. (a) burial
(Burial, cremation, or removal)

(b) Date thereof 12-26-45
(Month) (Day) (Year)

(c) Place: burial or cremation Celmar

18. (a) Signature of funeral director Phed. Stewart

(b) Address 1725 Union Blvd

19. (a) **DEC 24 1945**
(Date received local registrar)

(b) J. B. Bredet
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 5005 Ridge Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22 and
 year 1945 hour 4 minute 50

21. I hereby certify that I attended the deceased from Dec 13
1945, to Dec 22, 1945
 that I last saw him alive on Dec 22, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebro-vascular Accident (hemorrhage)
 Duration 1 week

Due to _____

Due to _____

Other conditions Psychosis with cerebral arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy not done

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) (Means of injury)

23. Signature R. J. Stubbins (M. D. or other) _____

Address 1420 Grattan Date signed 12-22-45

PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

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.....

Neville M. Bramme

Licensed Embalmer No..... *4200*

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.