

S. No. 2  
M-5-43  
5-17-39  
I X38671

State File No. \_\_\_\_\_

**FILED** JAN 21 1946  
318

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

Registrar's No. **171**

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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

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

(d) Street No. 5422 Lillian  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

638  
17  
19  
10

3. (a) PRINT FULL NAME Nellie Marceno

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3  
year 1946 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from 12-2-45 19 to 1-3-46 19  
that I last saw him alive on 1-3-46 19  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or \_\_\_\_\_ 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased May 3 1907  
(Month) (Day) (Year)

Immediate cause of death Rheumatic heart disease Duration 1 yr.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

8. AGE: Years Months Days If less than one day

38 8 0 hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Antonino Pendino

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

14. Maiden name Rose Tagliarino

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

16. (a) Informant Harry Marceno

(b) Address 5422 Lillian

17. (a) Burial (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Miceli-Sons

(b) Address 1150 N. Kingshighway

19. (a) JAN 7 1946 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

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 E.H. Bowdler (M. D. or other) \_\_\_\_\_  
Address 634 m. Grand Date signed 1-4-46

PHYSICIAN

Underline the cause to which death should be charged statistically.

95

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

2036

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 W E Morris

Licensed Embalmer No. 3360

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.**