

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

18770

FILED MAY 31 1946 STANDARD CERTIFICATE OF DEATH
318 1003

State File No. _____

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **4562**

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:
6016 Horton Pl.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **26 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Maria Orlando**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

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

7. Birth date of deceased **September 3 1876**
(Month) (Day) (Year)

8. AGE: Years **69** Months **8** Days **16** If less than one day hr. _____ min. _____

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Giovanna Zerille** 13. Birthplace **Italy**
(City, town, or county) (State or foreign country)

14. Maiden name **Grazia Grammitarro** 15. Birthplace **Italy**
(City, town, or county) (State or foreign country)

16. (a) Informant **Angelina Conigliaro**

(b) Address **6016 Horton Pl.**

17. (a) Burial (b) Date thereof **May 22-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **P. Niceli - Sons**
(b) Address **1150 N. Kings Highway**

19. (a) **MAY 21 1946** (b) **J. F. Bredeek**
(Date received local registrar) (Registrar's signature)

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. **6016 Horton Pl.**
(If rural, give location)
(e) Citizen of foreign country? **Yes** (Yes or No)
If yes, name country **Italy**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **19**
year **1946** hour **9:00** minute **PM**

21. I hereby certify that I attended the deceased from **Mar 29, 1946**
19 **46** to **May 19 1946**
that I last saw her alive on **May 19 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardio-vascular disease** Duration **6 mo.**

Due to _____

Due to _____

Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings: **None**
Of operations _____

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 **A. V. Benincasa** (M. D. or other) **D. M. D.**

Address **2801 N. Taylor** Date signed **5/20/46**

(Licensed Embalmer's Statement on Reverse Side)

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

17648

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.