S. No. 2
M—5-43
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I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 16 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34820

State File No.

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2073

1. PLACE OF DEATH:

(a) County Jennings ST. LOUIS

(b) City or town Jennings
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7021 Lena /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
In this community 26 Years.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County ST. LOUIS 96

(c) City or town Jennings 0
(If outside city or town limits, write "RURAL")

(d) Street No. 7021 Lena 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Michael Montalto

3. (b) If veteran, name war Allied Army of W.W.#1

3. (c) Social Security No.

4. Sex Male C

5. Color or race White

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

6. (b) Name of husband or wife Rose

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased January (Month) 23 (Day) 1896 (Year)

8. AGE: Years	Months	Days	If less than one day
50	8	11	hr. min.

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

10. Usual occupation Shoe Repair

11. Industry or business

FATHER
12. Name Sam Montalto
13. Birthplace Campobello Di Mazzara (City, town, or county) Italy (State or foreign country)

MOTHER
14. Maiden name Jono
15. Birthplace Campobello Di Mazzara (City, town, or county) Italy (State or foreign country)

16. (a) Informant Rose Montalto
(b) Address 7021 Lena

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 7-46 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

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

19. (a) 10-7-46 (Date received local registrar) (b) Ruth L. Allen M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4 year 1946 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from February 1, 1946 to Oct. 4, 1946 that I last saw him alive on Oct. 4, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Myocarditis	1 day
Due to Coronary Artery Disease	1 year
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 0

23. Signature Joseph B. Guerrine (M. D. or other) M.D.
Address 6153 Natural Bridge Date signed Oct. 4, 1946

(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.....Albert Maxfield

Licensed Embalmer No.....2077

P. O. Address.....St Louis

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.