

FILED MAR 4 1948

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1789**

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. Anthony Hospital,  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 days. (Specify whether  
 In this community  
 years, months or days)

3. (a) PRINT FULL NAME Otto N. Maschino,

3. (b) If veteran, name war World War I 3. (c) Social Security No. 441-03-3553

4. Sex Male, 5. Color or race White, 6. (a) Single, widowed, married, divorced Married,  
 6. (b) Name of husband or wife Mary E. Maschino, 6. (c) Age of husband or wife if alive 51 years  
 7. Birth date of deceased December 6, 1888  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>2</u>	<u>15</u>	..... hr. .... min.

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

10. Usual occupation Carpenter,

11. Industry or business St. Mary's Infirmary,

MOTHER FATHER

12. Name Peter John Maschino,

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

14. Maiden name Caroline Bucher,

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

16. (a) Informant Mary E. Maschino,

(b) Address 3207a Halliday,

17. (a) Removal, (b) Date thereof: 2/21/48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Okarche, Oklahoma,

18. (a) Signature of funeral director Gebken-Benz Mortuary,

(b) Address 281/2 Maramec St.,

19. (a) FEB 21 1948 J. F. Bredeek  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County 000  
 (c) City or town St. Louis, (If outside city or town limits, write "RURAL") 17  
 (d) Street No. 3207a Halliday 9  
 (If rural, give location) 0  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21th  
 year 1948 hour 5:25 minute A. M.

21. I hereby certify that I attended the deceased from 19 Feb. '48  
 to 21 Feb. '48, 1948,  
 that I last saw him alive on 21 Feb. '48, 1948,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Shock Duration

Due to gangrene and perforation of ileum  
 Due to internal herniation

Other conditions (Include pregnancy within 3 months of death)

Major findings: Internal herniation of ileum with gangrene and perforation  
 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 Robert S. Nye (M. D. or other)  
 Address 3201 Date signed 21 Feb. '48

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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Loren E. Percy  
Licensed Embalmer No. 4094  
P. O. Address 2842 Meramec St.,  
St. Louis, 18, 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.**