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FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2131

National Office of Vital Statistics
FILED MAR 11 1948

318

Primary Registration District No. 1003

Registrar's 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 1522 Hogan St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

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. 1522 Hogan St.
21 (If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Mercurio (Mike) Orlando.
also known as Mike Orlando

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Josephine

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Sept. 8, 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>5</u>	<u>19</u>hr.min

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

10. Usual occupation Retired Fruit Dealer

11. Industry or business Walter Orlando.

12. Name Italy

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

14. Maiden name Paula Bommarito

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

16. (a) Informant Philip Griffin
(b) Address 1522 Hogan St.

17. (a) Burial (b) Date thereof March 2, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of informant Philip Griffin
(b) Address 1731 Union Blvd.

19. (a) MAR 1 1948 (b) J. B. Braddock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27
year 1948 hour 11 minute 45 p. m.

21. I hereby certify that I attended the deceased from Feb 24
....., 1948, to Feb 27, 1948;
that I last saw him alive on Feb 27, 1948
and that death occurred on the date and hour stated above

Immediate cause of death Myocarditis
(Coronary atherosclerosis)

Duration 3 days

Due to Chronic Myocarditis

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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?..... (Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature J. V. Snyder (M. D. or other) M.D.
Address 708 - 1/2 Hogan St. Date signed 2-28-48

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

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.....

G. W. Wilkinson

Licensed Embalmer No..... *3575*

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.