

FILED APR 7 1948 318
Registration District No.

Primary Registration District No. **1003**

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 Hosp.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **11 days**
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... **Mo** (b) County..... **MMI**
(c) City or town..... **St. Louis** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **3202 N. Taylor** **9**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **17**

3. (a) PRINT FULL NAME..... **Salvatore (Sam) Latore**

3. (b) If veteran, name war..... 3. (c) Social Security No. **496-22-5539**

4. Sex..... **M** 5. Color or race..... **W** 6. (a) Single, widowed, married, divorced..... **M**
6. (b) Name of husband or wife..... **Margaret Latore** 6. (c) Age of husband or wife if alive..... **57** years
7. Birth date of deceased..... **October 11 1890**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 **5** **13**br.min.

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

10. Usual occupation..... **Retired**

11. Industry or business.....

12. Name..... **Vincenzo Latore**

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

14. Maiden name..... **Marie C. Guimano**

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

16. (a) Informant..... **Margaret Latore**

(b) Address..... **3202 N. Taylor**

17. (a) **BURIAL** (b) Date thereof..... **3-27-48**
(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) **MAR 26 1948** (b) **J. F. Brennan**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **24**
year **1948** hour **7** minute **25 P.M.**
21. I hereby certify that I attended the deceased from **3-13**
19**48**, to **3-24** 19**48**
that I last saw h.i.m. alive on **3-24** 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cirrhosis of Liver
Liver Abscess

Due to.....

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. F. Brennan** (M. D. or other) **178**

Address..... **St. John's Hosp** Date signed..... **3-24-48**

Duration **13 1/2**
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.....

Gustav W Dietels

Licensed Embalmer No.....

4329

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.