

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30896**
Registrar's No. **7997**

FILED SEP 20 1948

318

Primary Registration District No.

1003

Registrar's No.

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

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 mo **Memorial**
(Specify whether 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. 5388 Natural Bridge
(If rural, give location)
(e) Citizen of foreign country? 6 (Yes or No)
If yes, name country

3: (a) PRINT FULL NAME **CARLO CARIMATA**

3. (b) If veteran, name war
3. (c) Social Security No. 488-16-8382

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 8 years
7. Birth date of deceased May 8 1897
(Month) (Day) (Year)

8. AGE: Years 51 Months 4 Days 8
If less than one day hr. min.

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

10. Usual occupation Cook

11. Industry or business Restaurant

12. Name Edward Carimati

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

14. Maiden name Maria Parini

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

16. (a) Informant Maria Carimata

(b) Address Herrin Ill

17. (a) Removal (b) Date thereof 9-9-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Herrin Ill

18. (a) Signature of funeral director: Rowland Mortuary Service

(b) Address 4104 Manchester Ave.

19. (a) SEP 13 1948 (b) J. F. Brooker
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9th
year 1948 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from 7/9/48
1948, to Sept. 9th, 1948
that I last saw him alive on Sept. 9th, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis, Far advanced
Due to

Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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?

(Specify type of place) While at work? (e) Means of injury

23. Signature Carroll Hendrix 1515 Lafayette 9/10/48
Date signed

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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 John M. Szwarc

Licensed Embalmer No. 4343

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.