

No. 300
-10-47
5-17-39
I 3906

FILED NOV 12 1948
Registration District No. **318**

Primary Registration District No. **1003**

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

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:
In Forest Park 3
(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) 20 yrs

3: (a) PRINT FULL NAME Joseph Tarantino

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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 _____ years

7. Birth date of deceased Sept 25 1892
(Month) (Day) (Year)

8. AGE: Years 56 Months 1 Days 4 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business Park Dept City of St Louis

12. Name Rocco Tarantino

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

14. Maiden name Philamene Macotera

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

16. (a) Informant Ronnie Gordon
(b) Address Hussor Jee

17. (a) Removal (b) Date thereof: 10-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Herrin Hill Rowland Mortuary Service

18. (a) Signature of funeral director: _____
(b) Address 4104 Manchester Ave

19. (a) NOV 3 1948 (b) J. B. Lapater
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600 17

(c) City or town St Louis (If outside city or town limits, write "RURAL") 4 0

(d) Street No. 1637e Franklin (If rural, give location) 26

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29
year 1948 hour 9 minute 15 a.m.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Coronary Occlusion
Coronary Sclerosis

Due to _____

Due to _____

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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) (Country) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature Patric G Taylor (M. D. or other) 11-9-48
Address 1300 Clark Date signed _____

9574

mt

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 Ronald B. Yahnke

Licensed Embalmer No. 3917

P. O. Address St. Louis 10 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.