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FILED JAN 11 1949
318

Registration District No. _____ Primary Registration District No. **1005**

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:
Faith Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 weeks
18 yrs (Specify whether years, months or days)

In this community _____

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. 1158 N. Kingshighway
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Salvatore (Sam) Bacino

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 Married

6. (b) Name of husband or wife Clara 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Sept 12 1896
(Month) (Day) (Year)

8. AGE: Years 51 Months 3 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Tavern Manager

11. Industry or business _____

12. Name Tony Bacino

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

14. Maiden name Nicoletta Sainaro

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

16. (a) Informant Clara Bacino

(b) Address 1158 N. Kingshighway

17. (a) Burial (b) Date thereof Dec. 22-48
(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) DEC 21 1948 J. B. Pasater
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19 1948
year _____ hour 4:15 minute PM M.

21. I hereby certify that I attended the deceased from 11/11/48 to 12/19/48
that I last saw him alive on 12/19/48 and that death occurred on the date and hour stated above.

Immediate cause of death
1) Cirrhosis of liver
2) Gastric intesitinal hemorrhage due to Cirrhosis of liver

Duration 2 mos
4 days

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

Major findings: Of operations None done

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? _____
(Specify type of place)

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

23. Signature A. J. Signorelli (M. D. or other) MD
Address 3801 N. Taylor Date signed 12/24/48

WRITE PLAINLY—USE 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. Dittel

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.