No. 300
10-48

FILED FEB 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3203

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 582

13

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

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Missouri Baptist O

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY [illegible]
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis 9
d. STREET ADDRESS (If rural, give location) 2615 Brannon Ave

3. NAME OF DECEASED (Type or Print)
a. (First) MARIANO
b. (Middle)
c. (Last) RUSSO

4. DATE OF DEATH (Month) Jan (Day) 18 (Year) 1949

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 12/22/1898
9. AGE (In years last birthday) 50 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Moulder
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Italy 5
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Cerino Russo
13b. MOTHER'S MAIDEN NAME not known
14. NAME OF ~~HUSBAND OR~~ WIFE Marie Russo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Michael Russo — ADDRESS same

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of rectum
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 36 hrs. about 1 yr.

H6 154

19a. DATE OF OPERATION 1/19/49
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Rectum involving bladder & sacrum
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) St Louis (COUNTY) (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/4, 1949, *to* 1/19, 1949, *that I last saw the deceased alive on* 1/18, 1949, *and that death occurred at* 3 am *m., from the causes and on the date stated above.*

23a. SIGNATURE L. A. Millikin (Degree or title) MD
23b. ADDRESS 26088 Kingshighway
23c. DATE SIGNED 1/20/49

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE Jan 20 1949
24c. NAME OF CEMETERY OR CREMATORY Resurrection
24d. LOCATION (City, town, or county) St Louis (State) Mo

DATE REC'D BY LOCAL REG. JAN 20 1949
REGISTRAR'S SIGNATURE J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE Paul C Calcaterra — ADDRESS 5140 Daggett

(Licensed Embalmer's Statement on Reverse Side)

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 .....

....., Student Embalmer No. .....

working under my personal supervision.

Signed Robert M. Murray

Signed .....
Student Embalmer

Licensed Embalmer No. 3749

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. 3203-49
Local Registrar's No. 183.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of ~~birth~~ death
for Caterina Russo, died ~~born~~ 1-5-, 1949, in the State of
Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 7 should read Widowed.
Instead of Married
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Chris Schmittel Fun. direc
Bensick Nickau's Relationship.
1431 Nwan ave

.....
Present Address.

Subscribed and sworn to before me this 21 day of Jan., 1949

My Commission expires 3-4-49. Ella C. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
—4-43
X36667