

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5669

No. 300
10.48

FILED JUL 16 1951

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

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE *mo* b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) *St Louis mo*
c. LENGTH OF STAY (In this place) _____

c. CITY (If outside corporate limits, write RURAL and give township) *St Louis mo*
OR TOWN _____

d. FULL NAME OF HOSPITAL OR INSTITUTION *4248 A Hunt*

d. STREET ADDRESS (If rural, give location) *4248 A Hunt 2189*

3. NAME OF DECEASED (Type or Print)
a. (First) *Jennie* b. (Middle) *Dr* c. (Last) *Martino*

4. DATE OF DEATH (Month) (Day) (Year)
June 20 1951

5. SEX *female*

6. COLOR OR RACE *white*

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) *widowed*

8. DATE OF BIRTH *Mar 1879*

9. AGE (In years, Months, Days, Hours, Min.)
72

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *none*

10b. KIND OF BUSINESS OR INDUSTRY *none*

11. BIRTHPLACE (State or foreign country) *Italy*

12. CITIZEN OF WHAT COUNTRY *USA*

13a. FATHER'S NAME *Antonio Immunaro*

13b. MOTHER'S MAIDEN NAME *Maclolana Edward*

14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown). (If yes, give war or date of service) *no*

16. SOCIAL SECURITY NO. *none*

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Jerry Dr Martino 4248 Hunt

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, ashenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *Carcinoma Pancreas Colon c Metastasis*

ANTECEDENT CAUSES
Morbid conditions, if any, giving DUE TO (b) _____
rise to the above cause (a) stating the underlying cause last.
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
6 months

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

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) (COUNTY) (STATE)
St Louis mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR
153X

22. I hereby certify that I attended the deceased from *Jan 15*, 19*51*, to *June 20*, 19*51*, that I last saw the deceased alive on *June 20*, 19*51*, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) *Domenico L. Piccolo MD*

23b. ADDRESS *1931 Marconi*

23c. DATE SIGNED *6-21-51*

24. BURIAL, CREMATION, REMOVAL (Specify) *burial*

24b. DATE *June 23 1951*

24c. NAME OF CEMETERY OR CREMATORY *Resurrection*

24d. LOCATION (City, town, or county) (State) *St Louis mo*

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE
JUN 23 1951 J. B. Larater

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Sam Calceburne St Louis

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

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

W. S. S. S.

Licensed Embalmer No. 4699

P. O. Address St. Charles, 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.