

FILED DEC 8- 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39395

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10684**

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) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital		c. CITY (If outside corporate limits, write RURAL and give township) 285 TOWN St. Louis 2259	
		d. STREET ADDRESS (If rural, give location) 419 Cole	

3. NAME OF DECEASED (Type or Print) a. (First) Tony b. (Middle) (Anthony) c. (Last) Marabella		4. DATE OF DEATH (Month) (Day) (Year) 11-30-51	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 4-28-1890
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) peddler		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Italy 5
		12. CITIZEN OF WHAT COUNTRY? Italian	

13a. FATHER'S NAME Liborio Marabella	13b. MOTHER'S MAIDEN NAME Mary	14. NAME OF HUSBAND OR WIFE Sophie
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mary Miceli	ADDRESS 8105 Pershing
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) This does not mean mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 wks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure		
	ANTÉCEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive C-V Disease DUE TO (c) Atherosclerosis, Generalized		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? HHBX

22. I hereby certify that I attended the deceased from **11-28-51**, 19___, to **11-30-51**, 19___, that I last saw the deceased alive on **11-30-51**, 19___, and that death occurred at **2:50 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE William S. Kistner	(Degree or title) _____	23b. ADDRESS 1325 S. Grand, St. Louis 4, Mo.	23c. DATE SIGNED 12-11-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Buried	24b. DATE Dec 3-1951	24c. NAME OF CEMETERY OR CREMATORY Bethelhem Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Mo
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DATE REC'D BY LOCAL REG. DEC 3 1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE P Miceli	ADDRESS 1650 N. Kings Highway
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Case by call 5-11-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Philip C. Miceli

Signed
Student Embalmer

Licensed Embalmer No. *427*

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 File No. 39395
Local Registrar's No. 10684

State of _____ }
County of _____ } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this _____ day of _____, 19____, before me appears _____

_____, who, upon _____ oath, states that the original record of ^{birth} death
for Tony Marabella died 11-30-51, 19____, in the State of
Missouri and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 3 should read Tony (Anthony) Marabella

Instead of Tony Marabella

Item No. 17 should read Mary Niceli 8105 Pershing

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: Pasquale Niceli ^{son}
Relationship.

1150 N. K Highway
Present Address.

Subscribed and sworn to before me this 6 day of Dec., 1951

My Commission expires 3-4-53 Paul Paddock Notary Public.

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