

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13788
State File No. 3207
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 4436 Harris Ave.

e. STREET ADDRESS (If rural, give location) 4436 Harris Ave. 2099

3. NAME OF DECEASED
a. (First) Joseph b. (Middle) Maurice c. (Last) Marceno

4. DATE OF DEATH (Month) (Day) (Year) April 8, 1954

5. SEX M.

6. COLOR OR RACE W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Feb. 3, 1903

9. AGE (In years last birthday) 51 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) Musician

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) Cleveland, Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME James V. Marceno

13b. MOTHER'S MAIDEN NAME Anna Messineo

14. NAME OF HUSBAND OR WIFE Rachel Marceno

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 ADDRESS Mrs. Rachel Marceno 4436 Harris Ave.

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

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of caecum

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

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) 153X

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

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 Feb 15, 1954, to Apr 8, 1954, that I last saw the deceased alive on Apr 8, 1954, and that death occurred at 9:45 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wendy Becke M.D.

23b. ADDRESS 3720 Washington

23c. DATE SIGNED 4-9-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 4-12-54

24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

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

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 9 1954

REGISTRAR'S SIGNATURE Carl Smith

25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Arthur J. Donnelly 3840

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 *[Signature]*....., Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *[Signature]*.....

Licensed Embalmer No. *[Signature]*

P. O. Address *[Signature]*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.