

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3138

FILED JAN 29 1957

318

1003

STATE FILE NUMBER

323

Registration District No. Primary Registration District No. 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, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION New Faith Hosp.		d. STREET ADDRESS 2811a January Ave.	
3. NAME OF DECEASED (Type or print) First SEBASTIAN(SAM) Middle Last TOMARCHIO		4. DATE OF DEATH Month Jan. Day 10 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 20, 1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer (Retired 2 Yrs.)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Italy
13. FATHER'S NAME Anthony Tomarchio		14. MOTHER'S MAIDEN NAME Grace Russo	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No None		16. SOCIAL SECURITY NO.	
17. INFORMANT Lenora Tomarchio		Address (Wife) 2811a January Ave.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pulmonary Edema DUE TO (b) Carcinomatosis, Generalized DUE TO (c) Carcinoma, Gastric PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) None			INTERVAL BETWEEN ONSET AND DEATH 12 hours 2 Weeks 6 Weeks
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 151x	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 11-5-56 to 1-10-57 and last saw her alive on 1-10-57 Death occurred at 4:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Nicholas J. Stale, MD		22b. ADDRESS 3861 St. Louis Ave.	
22c. DATE SIGNED 1/11/57		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE Jan. 14, 1957		23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	
23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		24. FUNERAL DIRECTOR ADDRESS Kriegshauser 4228 S. Kingshighway	
25. DATE RECD. BY LOCAL REG. JAN 11 57		26. REGISTRAR'S SIGNATURE Carl Smith MD	

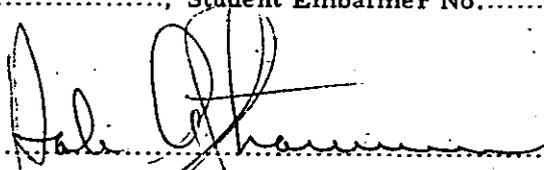
(Licensed Embalmer's Statement on Reverse Side)

health, Welfare public service
300 1-56
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

Student _____
Signature of Student Embalmer

Signed  _____

Licensed Embalmer No. 45

P. O. Address _____

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.**