. Health,
& Welfare
. Public
h Service

S. 300
v. 1-56

4

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAR 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9165
STATE FILE NUMBER

Registration District No. 159 Primary Registration District No. 5591 Registrar's No. 24

1. PLACE OF DEATH
a. COUNTY: JEFFERSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: HILLSBORO — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: CASTLE-ACRES NURSING-HOME — Length of stay in 1b: 9 MONTHS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: —
c. CITY OR TOWN: ST. LOUIS 2269 0 — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 1915 A ST. LOUIS-AV. — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) — First: JOSEPH — Middle: — Last: MARCHETTI

4. DATE OF DEATH — Month: MAR. Day: 16TH Year: 1957

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☑ **DIVORCED** ☐

8. DATE OF BIRTH: NOV. 4TH 1889

9. AGE (In years last birthday): 67 YRS. — 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): RETIRED TAVERN-OWNER

10b. KIND OF BUSINESS OR INDUSTRY: TAVERN-PROPRIETOR

11. BIRTHPLACE (City and state or country): TORINO-BROS. ITALY.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN-MARCHETTI.

14. MOTHER'S MAIDEN NAME: CATHERINE-COISSTO.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WORLD-WAR # 1.

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: BERNICE-E. SIEVERS — Address: 1624 A. HELEN-ST. ST. LOUIS-MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma kidney c
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) general Metastasis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a). 180X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑ 2

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 April, 1957 to March 16, 57 and last saw her/him alive on Mar 5, 57
Death occurred at 7:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Noel V. McMinty M. D.
22b. ADDRESS: Rosebud Mo.
22c. DATE SIGNED: Mar 18 57

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: MAR. 19TH 1957
23c. NAME OF CEMETERY OR CREMATORY: LAUREL-HILL-GARDENS
23d. LOCATION (City, town, or county): ST. LOUIS-COUNTY (State): MO.

24. FUNERAL DIRECTOR: Brockland Und. Co. — ADDRESS: 1827-HOGAN. ST.
25. DATE RECD. BY LOCAL REG.: 3-18-57
26. REGISTRAR'S SIGNATURE: Clyde E. Lee MD — Otto Bierbauer Dep

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED MAR 19 1957

MAR 21 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student .....
Signature of Student Embalmer

Signed Paul M Murray

Licensed Embalmer No. 53

P. O. Address St. Louis

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