WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

37332

DEC 12 1935

1. PLACE OF DEATH

County ..... Registration District No. 701

Township ..... Primary Registration District No. .....

City ..... (No. Central Hospital St. ..... Ward)

File No. 9286

Registered No. .....

2. FULL NAME Dominick or Domiano Orlando

(a) Residence, No. 1424 Blair St., 25 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Philippa or Filippa Orlando

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 27, 1880

7. AGE: Years 55 Months 3 Days 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Gen. Laborer.

10. Date deceased last worked at this occupation (month and year): 1930

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy.

FATHER

13. NAME: Philip Orlando

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy.

MOTHER

15. MAIDEN NAME: Francesca Di Maggio

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy.

17. INFORMANT (ADDRESS): Mrs. Filippa Orlando. 1424 Blair

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Calvary DATE: Nov. 6 35

19. UNDERTAKER (ADDRESS): Bensick Niehaus 1138 No. 6th St.

20. FILED NOV -4 1935 19 J. A. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21, 1935 to Nov. 2, 1935

I last saw him alive on Nov. 2, 1935. Death is said to have occurred on the date stated above, at 8:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Endocarditis Caused by Streptococcus Hemolyticus	Oct 28 1935

9/0

Other contributory causes of importance:

Streptococcus
Hemolyticus
Septicemia

Name of operation ..... Date of .....

What test confirmed diagnosis? Blood culture Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Harry C. Bohrer, M. D.

(Address) 315 University Club Bldg.

Un Clerk Pilot
10-11-2-4
Sep 1928