REC'D FEB 10 1939

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

Do not use this space. 481

791

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 481
(c) or City St. Louis Mo. (d) Street No. City Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 32 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 48 yrs. mos. ds.

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2. PRINT FULL NAME Maria Santino
(a) Residence, No. 4537 ALdine St. 11
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
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 Vincenzo Santino
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 15, 1890
7. AGE Years 48 Months 4 Days 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (unknown) (STATE OR COUNTRY) United State Minn

FATHER
13. NAME Gasper Marinelli
14. BIRTHPLACE (CITY OR TOWN) (unknown) (STATE OR COUNTRY) Italy

MOTHER
15. MAIDEN NAME Caterina (unknown)
16. BIRTHPLACE (CITY OR TOWN) (unknown) (STATE OR COUNTRY) Italy

17. INFORMANT Vincenzo Santino (ADDRESS) 4537 Aldine
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Jan. 16 1939
19. FUNERAL DIRECTOR (NAME) P. Miceli & Son (ADDRESS) 1150 N. Kingshighway Blvd.
20. FILED JAN 16 1939 J. F. Bieleck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-14, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5.30 A m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Mitral Stenosis
Cardiac Hypertrophy

Other contributory causes of importance:

92 W

Name of operation ..... Date of ..... Yes
What test confirmed diagnosis? ..... Was there an autopsy?

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 ..... No

24. Was disease or injury in any way related to occupation of deceased? 11
If so, specify .....
(Signed) Joseph M. Quinn, M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.