E11557

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38179

Registration District No. 791 (DEC 13 1939)

Primary Registration District No.

Registrar's No. 10018

1. PLACE OF DEATH: 1008

(a) County 1

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1

(c) City or town St. Louis 6
(If outside city or town limits, write "RURAL")

(d) Street No. 5246 Ridge Avenue.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Dominic Orlando 645

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased April 4, 1917
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
22	7	18	hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Helper of Brick-Plasterer

11. Industry or business Plasterer 0

FATHER
12. Name Joseph Orlando 7
13. Birthplace Italy 7
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Gicoloma Valenti
15. Birthplace Italy
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mary Orlando
(b) Address 5246 Ridge Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 25, 1939
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Benjamin Nichols
(b) Address 1431 Union Blvd.

19. (a) NOV 24 1939 (Date received local registrar) (b) J. F. Budick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22, year 1939 hour 1:15 minute P. M.

21. I hereby certify that I attended the deceased from November 19, 1939, to November 22, 1939; that I last saw him alive on November 22, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Valvular Heart Disease Infarct of Lung.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury

23. Signature H Freedman (M. D. or other)

Address 1515 Lafayette, Date signed 11/22/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 I X19511

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 Harry M. White

Licensed Embalmer No. 3973.

P. O. Address.....

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