E5646

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38360

Registration District No. 30 DEC 13 1939

Primary Registration District No.

Registrar's No. 10199

1. PLACE OF DEATH:

(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 Mos. 5 Days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County

(c) City or town St. Louis 12 (If outside city or town limits, write "RURAL")

(d) Street No. 1227 N. Taylor Ave. (If rural give location)

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

3. (a) PRINT FULL NAME Anthony De Martini 563

3. (b) If veteran, name war No

3. (c) Social Security No. 49901-6000

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Teresa De Martini

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased June (Month) 13 (Day) 1884 (Year)

8. AGE:

Years	Months	Days	If less than one day
55	5	14	hr. min.

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

10. Usual occupation P. W. A.

11. Industry or business

FATHER
12. Name Joe De Martini
13. Birthplace Unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Mrs Louise Steel

(b) Address 1828 N. Taylor Ave.

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

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Chas. A. Bull

(b) Address 4452 Washington Bl.

19. (a) NOV 25 (Date received local registrar) (b) J. B. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27, year 1939 hour 6:15 minute A. M.

21. I hereby certify that I attended the deceased from July 23, 1939 to November 27, 1939 that I last saw him alive on November 27, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma. Head of pancreas	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Same	
Of autopsy Same	

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 Harold Freedman (M. D. or other)

Address 1515 Lafayette, Date signed 11/27/39

(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 1 X19511

25645

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 Howard F. Rowland

Licensed Embalmer No. 314

P. O. Address St Louis Mo

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.