

S. No. 2
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5-17-53
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16152
Registrar's No. 5151

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 14 1943

318

1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5347 Patton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town St Louis 17
(If outside city or town limits, write "RURAL") 413
(d) Street No. 5347 Patton
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRANK GUARINO

3. (b) If veteran, no name war _____
3. (c) Social Security No. no

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Rose De Marco
6. (c) Age of husband or wife if _____ years

7. Birth date of deceased: May 8 1884
(Month) (Day) (Year)

8. AGE: Years 59 Months 0 Days 25
If less than one day _____ hr. _____ min.

9. Birthplace Italy
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business Ignacio Guarino

12. Name _____
13. Birthplace Italy
(City, town, or county) (State or foreign country)

14. Maiden name Rose Guarino
15. Birthplace Italy
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Rose Guarino
(b) Address 5347 Patton

17. (a) burial (b) Date thereof June 5 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter's Church

18. (a) Signature of funeral director Paul C. Calcesteria
(b) Address 5142 Piggott ave

19. (a) JUN 4 (b) J. F. Brunick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th
year 1943 hour 9 minute 15 P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Arteriosclerosis

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

Where did injury occur? _____ (City or town) (County) (State)
Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature Thomas F. Callahan (M.D. or other)
Address Deputy Coroner Date signed 6-4-43

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

ORIGINAL COPY

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 *Henry M. Brammer*

Licensed Embalmer No. *4200*

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, fact should be so stated above.