

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. 7898

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Johns Hospital
(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 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 8033 Davis Drive
(If rural, give location) 096
(e) Citizen of foreign country? No (Yes or No) 3
If yes, name country _____

3. (a) PRINT

FULL NAME Belio M. Molino

3. (b) If veteran, No

3. (c) Social Security

name war. _____ 458-07-9396

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Minerva J. (Thomsen)

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased: March 5 1882
(Month) (Day) (Year)

8. AGE:

Years 61 Months 5 Days 26
If less than one day _____ hr. _____ min.

9. Birthplace Italy (Piedmont) 5
(City, town, or county) (State or foreign country)

10. Usual occupation Professor of Music

11. Industry or business _____

12. Name Lugia Molino

13. Birthplace Italy 5
(State or foreign country)

14. Maiden name Maria Unknown

15. Birthplace Italy 5
(City, town, or county) (State or foreign country)

16. (a) Informant Minerva Molino

(b) Address 8033 Davis Drive

17. (a) Burial (b) Date thereof 9-4-43
(Burial, cremation, or removal) (Month) (Day) (Year)
Calvary

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Pauline Keatney

(b) Address 1431 Union Bl.

19. (a) SEP 3 1943 (Date received local registrar)
J. F. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1
year 1943 hour 4 minute 30 P M.

21. I hereby certify that I attended the deceased from July 20 1943 to Sept 1 1943
that I last saw him alive on Sept 1 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary, neck
Duration 2 mo.

Due to Diabetes Mellitus

Due to _____

Other conditions (include pregnancy within 3 months of death) W

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature W. W. Keatney (M. D. or other) M. D.
Address 402 Curtis Bldg Date signed 9-2-43

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

no
17
9

MOTHER FATHER

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.....

Licensed Embalmer No..... *3880*

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.