

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26498
7406 ✓
State File No.
Registrar's No.

FILED SEP 8 1944

Registration District No. 318 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County _____
(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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1225 N. 6th St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Vincenza Orlando
(b) If veteran, name war none
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 25th
year 1944 hour 1 minute 05 A.M.
21. I hereby certify that I attended the deceased from 8/19/44
19____, to Aug. 25th, 19 44
that I last saw h. im alive on Aug. 25th, 19 44
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, 2 divorced, Widow
(b) Name of husband or wife Carlo
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 25, 1870
(Month) (Day) (Year)

Immediate cause of death _____ Duration _____
Arteriosclerotic Hypertensive Heart Disease 1.5 yrs
Due to Coronary Sclerosis - Grade IV 1 wk.?
Due to _____
Other conditions Hypertrophy of Kall Bladder 7 wk.
(Include pregnancy within 3 months of death)
Cholelithiasis & Cholecystitis 30 yrs
Major findings: _____ PHYSICIAN
Of operations None
Of autopsy None obtained
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
74 0 0 hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

12. Name Joe Bologna

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

14. Maiden name Angela Aiello

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

16. (a) Informant Joe Orlando

(b) Address 2958 Harding Av. Detroit, Mich.

17. (a) Burial (b) Date thereof 8-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Bensons-Niehaus

(b) Address 1431 Union Ave. 7, Buleek

19. (a) AUG 26 1944 (b) _____
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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 M. J. Bubliss (M. D. or other) _____
Address 1515 Lafayette Date signed 8/25/44

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

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.....

Frank L. Michaux

Licensed Embalmer No.....

3515

P. O. Address.....

1481 Vermont Ave

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.