

U. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
X 36671

#31003  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 31 1945  
318

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 588

Registration District No. \_\_\_\_\_ Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri.  
(c) Name of hospital or institution:  
St. Louis City Hospital-Max C. Starkloff  
(d) Length of stay: In hospital or institution 6 days  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(d) Street No. 1435 Farrar St.  
(e) Citizen of foreign country? \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Pete Coello  
3. (b) If veteran, name war None 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 December 17, 1872

8. AGE: Years Months Days If less than one day  
72 1 1 hr. min.

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

10. Usual occupation Laborer  
11. Industry or business Retired

12. Name Chas. Coello  
13. Birthplace Unknown Italy  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Valeno  
15. Birthplace Unknown Italy  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Maddaleng Giorgis  
(b) Address 1435 Farrar St.

17. (a) Burial (b) Date thereof 1/22/45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son  
(b) Address 2161 East Fair Ave

19. (a) JAN 20 1945 (b) J. J. Bluedick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 18th  
year 1945 hour 1:15 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from 1/12/45  
\_\_\_\_\_, 19\_\_\_\_, to 1/18/45, 19\_\_\_\_;  
that I last saw h. im alive on 1/18/45, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Schizis Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Hypertensive Crisis -  
(Include pregnancy within 3 months of death)  
Verenem Disease

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 \_\_\_\_\_  
(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 D  
23. Signature E. G. Gehringer (Date signed) 1/18/45  
Address 1515 Lafayette Date signed 1/18/45

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

151  
17  
2/6/49

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

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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, *Gustav W. Dietrich*

Licensed Embalmer No. *4329*

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, fact should be so stated above.**