S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1945

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 4765

Registrar's No. 996

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5141 Page Blvd.
(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 Missouri (b) County

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

(d) Street No. 5141 Page Blvd.
(If rural, give location)

(e) Citizen of foreign country? D (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lawrence Romano

3. (b) If veteran, name war No

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 May (Month) 10 (Day) 1882 (Year)

8. AGE: Years 62 Months 8 Days 20 If less than one day hr. min.

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

10. Usual occupation Proprietor

11. Industry or business Grocery Store

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

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

16. (a) Informant Mrs. Valentina D. Stanghellini
(b) Address 5141 Page Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 - 1 - 45 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Chas. F. Stuart
(b) Address 1225 Union Blvd.

19. (a) JAN 31 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30th year 1945 hour 9:30 minute A M.

21. I hereby certify that I attended the deceased from 7-6, 1944, to 1-30, 1945 that I last saw him alive on Jan 30, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Sarcoma of Left Lung	2 yrs?
Due to: Cardiac Failure	Inst.
Due to: Secondary Anaemia	6 mo

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

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 George L. Mehan M.D. (M. D. or other)

Address 3903 Olive Street Date signed 1-31-45

(Licensed Embalmer's Statement on Reverse Side)

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.....

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.