

No. 2
1-2-43
5-17-39
X 35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32076

FILED SEP 16 1946

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 2828

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:
Missouri Baptist Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community 45 Years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 2517
(If outside city or town limits, write "RURAL")
(d) Street No. 1423 Blair 9
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Italy

3. (a) PRINT FULL NAME JOSEPH ORLANDO

3. (b) If veteran, name war No 3. (c) Social Security No. 709-12-2977

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 21 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>3</u>	<u>13</u>	hr. min.

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

10. Usual occupation Retired Laborer

11. Industry or business Wabash Railroad

12. Name Tony Orlando

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

14. Maiden name Angelina Caytao

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

16. (a) Informant Basilio Orlando

(b) Address 1204 No 6th St

17: (a) Burial (b) Date thereof Sept 6 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Demetrius Michaus

(b) Address 1431 Union Blvd

19. (a) SEP 5 1946 (b) J. T. Braddock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 3rd
year 1946 hour 11:00 minute 0 A. M.

21. I hereby certify that I attended the deceased from Dec. 27, 1944
to Sept. 4, 1946

that I last saw him alive on Sept. 3, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Due to Haemoplegia (Right)

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 _____
(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 (e) Means of injury _____

23. Signature Hayden Steen (M.D. or other) _____
Address Chemical Bldg., St. Louis Date signed 9/4/46

Duration

3 days

1 month

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *Arnold Yehinke*

Licensed Embalmer No..... *3917*

P. O. Address..... *St. Louis*

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.