

National Office of Vital Statistics
FILED JUN 5 1947

Registration District No.

Primary Registration District No.

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..... **Alexian Brothers Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **4 hours**
(Specify whether
In this community..... **44 years**
years, months or days)

3. (a) PRINT FULL NAME..... **Charles P. Fiorito**

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex..... **M.** 5. Color or race..... **W.** 6. (a) Single, widowed, married, divorced..... **M.**
6. (b) Name of husband or wife..... **Lena Fiorito** 6. (c) Age of husband or wife if alive..... **66** years
7. Birth date of deceased..... **March 15th., 1870**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 **2** **10** hr. min.

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

10. Usual occupation..... **Retired Show Business**

11. Industry or business.....

12. Name..... **Carl Fiorito**
13. Birthplace..... **Italy**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Marie Dusha**
15. Birthplace..... **Italy**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs. Lena Fiorito**
(b) Address..... **5252 Waterman Ave.**
17. (a) **Burial** (b) Date thereof..... **5-29-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Salvatory**
18. (a) Signature of funeral director..... **Arthur J. Donnelly**
(b) Address..... **3840 Lindell Blvd.**
19. (a) **MAY 28 1947** (b) **J. J. Bradeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County..... **000**
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No..... **5252 Waterman Ave.**
12 (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **May** day..... **25th.**
year..... **1947** hour..... **4** minute..... **30 a.** M.

21. I hereby certify that I attended the deceased from..... **5/20/47** to..... **5/25/47**
that I last saw him..... alive on..... **5/25/47**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Hemorrhage** Duration..... **10 min**
Due to..... **Ruptured aneurysm** 20m
(thoracic)
Due to..... **athero sclerosis**
of aorta with hypertension
Other conditions..... **30**
(Include pregnancy within 3 months of death)

Major findings: Of operations..... **Ruptured aortic aneurysm**
Of autops:..... **athero sclerosis**
PHYSICIAN.....
Underline the cause of 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..... **0**
23. Signature..... **V. E. Nichols** (M. D. or other) **2/20**
812 Olive Address..... **V. E. Nichols** Date signed..... **5/26/47**

WRITE PLAINLY—USING 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 W Van Matre

Licensed Embalmer No. 2825

P. O. Address. 4340 Lafayette

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.