S. No. 2
M—5-43
v. 5-17-39
o I X36671

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

#30352

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34998

FILED NOV 29 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10139

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

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

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days (Specify whether years, months or days)
In this community 0

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. 4211 Juniata St. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME HERMAN AIMINO

3. (b) If veteran, name war

3. (c) Social Security No.

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 June 17, 1911 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
34	5	5	hr. min.

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

10. Usual occupation Bookkeeper

11. Industry or business

MOTHER FATHER

12. Name Umberto Aimino

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

MOTHER

14. Maiden name Natalie Albo

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

16. (a) Informant John Aimino

(b) Address 101 North Drive Kirkwood, Mo.

17. (a) Removal-Motor (Burial, cremation, or removal) (b) Date thereof Nov. 25/45 (Month) (Day) (Year)

(c) Place: burial or cremation Benld, Illinois

18. (a) Signature of funeral director Weick Bros.

(b) Address 2201 S. Grand Bl.

19. (a) NOV 23 1945 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov. day 22nd year 1945 hour 2:15 P. minute P. M.

21. I hereby certify that I attended the deceased from 11/10/45, 19..., to 11/22/45, 19...; that I last saw him alive on 11/22/45, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia	4 days
Due to:	
Due to:	
Other conditions: Catatonic Schizophrenia (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

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 R. L. Stubblefield (M. D. or other)

Address 1515 Lafayette 11/29/45 Date signed

(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. 3722

P. O. Address 412 Duchouquette St.

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.