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FILED FEB 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6626

State File No. \_\_\_\_\_

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>3835 CONNECTICUT</u>		e. STREET ADDRESS <u>3835 CONNECTICUT</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARIE</u> b. (Middle) <u>-</u> c. (Last) <u>RUSSO</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-6-1949</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED! WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>FEB. 12 1883</u>		9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>24</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>ITALY</u>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <u>VITO COLANTONE</u>		13b. MOTHER'S MAIDEN NAME <u>ROSARIA VARRONE</u>		14. NAME OF HUSBAND OR WIFE <u>LOUIS A. RUSSO</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>LOUIS A. RUSSO 3835 CONNECTICUT</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute myocardial infarction</u>		ii. OTHER SIGNIFICANT CONDITIONS <u>Chr. Myocarditis, auricular fibrillation</u>		6 hours	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		4 yrs.	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Diabetes Mellitus - Insulin</u>		2 yrs.	
		DUE TO (c) <u>Chr. Nephritis glomerular</u>		3 yrs.	

19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>MI</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>2100X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from April 10, 1943, to Feb. 6, 1949, that I last saw the deceased alive on Feb. 5, 1949, and that death occurred at 1-15 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Inocentia M.D.</u>		23b. ADDRESS <u>2767 Gravois Ave</u>		23c. DATE SIGNED <u>2-7-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB. 9, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>	
DATE REC'D BY LOCAL REG. <u>FEB 7 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Pascale</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kuter</u>		ADDRESS <u>2906 Gravois</u>	

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed.....

*Leo J. Budd*

Signed.....

Student Embalmer

Licensed Embalmer No. *3989*

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.