

FILED APR 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13706

3343

BIRTH NO. #96193		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3343		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		17		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis City Hospital #1.				d. STREET ADDRESS (If rural, give location) 1725 Michigan				
3. NAME OF DECEASED (Type or Print) JOSEPHINE			a. (First)		b. (Middle) DIMANUELE		c. (Last)	
4. DATE OF DEATH April 13, 1949		(Month) (Day) (Year)		5. SEX F		6. COLOR OR RACE W		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH 1-18-1880		9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Italy		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME Ignattus Di'Manuele			13b. MOTHER'S MAIDEN NAME Catherine Lato			14. NAME OF HUSBAND OR WIFE Charlie		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charlie Di'Manuele-1725 Michigan				
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) Coronary Thrombosis		DUE TO (b) Arteriosclerosis					1 day	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 3/13/49, 19, to 4/13/49, 19, that I last saw the deceased alive on 4/13/49, 19, and that death occurred at 5:10 PM, from the causes and on the date stated above.								
23a. SIGNATURE K. M. Laska (Degree or title) M.D.			23b. ADDRESS 1515 Lafayette Ave.,			23c. DATE SIGNED 4/14/49		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 4-16-49		24c. NAME OF CEMETERY OR CREMATORY Calvary Cem,		24d. LOCATION (City, town or county) (State) St. J. Schnur 3125 Lafayette St. Louis, Mo		
DATE REC'D BY LOCAL REG. APR 14 1949		REGISTRAR'S SIGNATURE E. J. Schnur			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schnur-3125 Lafayette			

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Student
Student Embalmer

Signed Joe B. Vollmer

Licensed Embalmer No. 4214

P. O. Address 3125 Gausman

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.