

FILED SEP 12 1949

STANDARD CERTIFICATE OF DEATH

State File No. 27956

BIRTH NO. 44573-49 REG. DIST. NO. 318 PRIMARY-REG. DIST. NO. 1003 Registrar's No. 2655

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		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital		d. STREET ADDRESS (If rural, give location) 5391 Cote Brillante	

3. NAME OF DECEASED (Type or Print) a. (First) Antionette Marie b. (Middle) D'Amico c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Sept. 2-49		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH July 30, 1949	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis Missouri		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME John D'Amico	13b. MOTHER'S MAIDEN NAME Mary Ann Giaffino	14. NAME OF HUSBAND OR WIFE
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 John D'Amico		ADDRESS 5391 Cote Brillante

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Peritonitis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diarrhea neonatorum DUE TO (c) Virus infection		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 1190
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? 0969

22. I hereby certify that I attended the deceased from 8/30, 1949, to 9/2, 1949, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE M. K. Mistachkin (Degree or title) M.D.	23b. ADDRESS 3903 Olive St	23c. DATE SIGNED 9/3/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 6-49	24c. NAME OF CEMETERY OR OREMATORY Laurel Hills Cemetery
		24d. LOCATION (City, town, or county) (State) St. Louis Missouri

DATE REC'D BY LOCAL SEP 4 1949 G.	REGISTRAR'S SIGNATURE G. B. Lasater	25. FUNERAL DIRECTOR'S SIGNATURE P. Miceli & Sons 1150 N. Kingshighw	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

11.26.06

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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 Me

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Elton H. Pennington

Licensed Embalmer No. 4283

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.