

FILED SEP 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31752**
Registrar's No. **7937**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
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 DePaul Hospital		d. STREET ADDRESS (If rural, give location) 5803 Bartmer Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Pasquale b. (Middle) (Rocco) c. (Last) Florita	4. DATE OF DEATH (Month) (Day) (Year) Sept. 12. 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1-9-1895	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 12 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY Fruit & Produce	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Sylvester Florita	13b. MOTHER'S MAIDEN NAME Mary Loos	14. NAME OF HUSBAND OR WIFE Evelyn Florita
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) yes	16. SOCIAL SECURITY No. 494-05-74600	17. INFORMANT'S SIGNATURE OR NAME V. R. Florita	ADDRESS 4921 Northland
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Acute diffuse Peritonitis		INTERVAL BETWEEN ONSET AND DEATH 24 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute perforating diverticulitis DUE TO (c) Recto sigmoid junction		
	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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 5721
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22. I hereby certify that I attended the deceased from **9/12**, 19**49**, to **death**, 19**49**, that I last saw the deceased alive on **9/12**, 19**49**, and that death occurred at **10:30 pm.**, from the causes and on the date stated above.

23a. SIGNATURE Rebecca M. King	(Degree or title)	23b. ADDRESS 2301 N. Kingshighway	23c. DATE SIGNED 9/13/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 15. 1949	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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DATE REC'D BY LOCAL REG. 13 1949	REGISTRAR'S SIGNATURE J. B. Luster	FUNERAL DIRECTOR'S SIGNATURE Rebecca M. King	ADDRESS 1431 Union Blvd.
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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

Charles P. Padwell

Licensed Embalmer No. 4077

P. O. Address.....

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.