

FILED DEC 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39106

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10513**

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) | a. STATE Illinois b. COUNTY Adams |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3833 Botanical Ave. R | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Quincy | |
| | | d. STREET ADDRESS (If rural, give location) WR. | |

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|-------------------------------------|----------------------------|-------------|---------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Giovanna | b. (Middle) | c. (Last) Musolino | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 5, 1949 |
|-------------------------------------|----------------------------|-------------|---------------------------|--|

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|----------------------|-------------------------------|--|--|---|--------------------------------|--------------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | 8. DATE OF BIRTH- Oct. 9, 1867 | 9. AGE (In years last birthday) 82 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
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| 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) Messina, Italy | 12. CITIZEN OF WHAT COUNTRY? U.S. |
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| 13a. FATHER'S NAME Anthony Vadala | 13b. MOTHER'S MAIDEN NAME Santa Unknown | 14. NAME OF HUSBAND OR WIFE Frank Musolino |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Lucille Goetz, 3833 Botanical Ave. | ADDRESS |
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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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease | | | Yes |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis | | | Yes |
| DUE TO (c) Age | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None | | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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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) St. Louis, Mo. Ill. |
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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? H200 |
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22. I hereby certify that I attended the deceased from **Mar 1948**, to **Dec 5, 1949**, that I last saw the deceased alive on **Dec 4, 1949**, and that death occurred at **8:30a** m., from the causes and on the date stated above.

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| 23a. SIGNATURE R. A. Meyera (M.D.) | (Degree or title) | 23b. ADDRESS 539 N. Grand | 23c. DATE SIGNED 12/6/49 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 12-6-49 | 24c. NAME OF CEMETERY OR CREMATORY J B Frontier | 24d. LOCATION (City, town, or county) (State) Quincy, Ill. |
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| DATE REC'D BY LOCAL REG. DEC 6 1949 | REGISTRAR'S SIGNATURE J. B. Frontier | 25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 Washington Blvd. | ADDRESS |
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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~~ Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Ray W. Wilkinson

Licensed Embalmer No.

3575

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.