

FILED JAN 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42418

State File No. _____

BIRTH NO. _____ REG. DIST. 318 PRIMARY REG. DIST. 1003 Registrar's No. 11310

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) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>25 1230 No. 7th St</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Margaret also known Margherita also Artia DiMaria</u>	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>12 30 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Dec 20 1888</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. <u>61 10</u>
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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? <u>5</u>
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13a. FATHER'S NAME <u>Salvatore Cusumano</u>	13b. MOTHER'S MAIDEN NAME <u>Gaetana Orlando</u>	14. NAME OF HUSBAND OR WIFE <u>Carlo DiMaria</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Carlo DiMaria</u>	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 mos</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension of kidney</u>		
	ANTECEDENT CAUSES <u>Metastatic carcinoma</u>		
	DUE TO (b) _____		
	DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>None</u>	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) <u>No</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>52nd</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>180X</u>
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22. I hereby certify that I attended the deceased from 2/15, 1944, to 12/30, 1949, that I last saw the deceased alive on 12/30, 1949, and that death occurred at 10:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>John J. Hammond M.D.</u>	(Degree or title)	23b. ADDRESS <u>634 N. Grand</u>	23c. DATE SIGNED <u>12/30/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/3/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>
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DATE REC'D BY LOCAL REG. <u>JAN 1 1950</u>	REGISTRAR'S SIGNATURE <u>J. B. Casate</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Denise K. McKee</u>	ADDRESS <u>1431 Union Bl</u>
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(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 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.