

FILED APR 25 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14544

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3528	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY			
b. CITY OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN ST. LOUIS		2229	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2632^A CAROLINE ST				d. STREET ADDRESS (If rural, give location) 2632^A CAROLINE ST.			
3. NAME OF DECEASED (Type or Print) a. (First) ANNIE		b. (Middle)		c. (Last) GIAMMANCO		4. DATE OF DEATH (Month) (Day) (Year) APRIL-16-50	
5. SEX FE.		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W 2		8. DATE OF BIRTH DEC. 23-1884	
9. AGE (In years last birthday) 65 YRS		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIL		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ITALY	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME PETE NATOLI		13b. MOTHER'S MAIDEN NAME JULIA UNKNOWN		14. NAME OF HUSBAND OR WIFE Pete GIAMMANCO	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Annie Lake 2632^A Caroline St			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertension DUE TO (c) arteriosclerosis 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 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) 331A			
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?			
22. I hereby certify that I attended the deceased from 4/11 , 19 50 , to 4/16 , 19 50 , that I last saw the deceased alive on 4/5 , 19 50 , and that death occurred at 7:30 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. J. Refulith				23b. ADDRESS 271800A Lafayette Ave		23c. DATE SIGNED 4/16/50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE APRIL 19 1950		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) St. Louis MO	
DATE REC'D BY LOCAL REG. APR 17 1950		REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schurr		ADDRESS 3125 Lafayette Ave	

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

4500

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Joseph Vollmer

Signed.....
Student Embalmer

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette*

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.