

FILED JUL 5 1950

STANDARD CERTIFICATE OF DEATH

21464
State File No. 5495

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5495	
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. LENGTH OF STAY (In this place) 2 WKS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		213rd	
d. FULL NAME OF HOSPITAL OR INSTITUTION JOSEPHINE HOSPITAL				d. STREET ADDRESS (If rural, give location) 5319 BOTANICAL			
3. NAME OF DECEASED (Type or Print) LOUIS		a. (First)		b. (Middle) DE FILIO		c. (Last)	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH SEPT. 1 1878	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHOE REPAIR MAN		10b. KIND OF BUSINESS OR INDUSTRY SHOE REPAIR		9. AGE (In years last birthday) 71		11. BIRTHPLACE (State or foreign country) ITALY	
13a. FATHER'S NAME J		13b. MOTHER'S MAIDEN NAME J		14. NAME OF HUSBAND OR WIFE Josephine De Filio		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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 ADDRESS ANTHONY DE FILIO 3913 FLAD			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of Liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. Myocarditis				INTERVAL BETWEEN ONSET AND DEATH 2 yrs. 4 yrs.	
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)			
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? 581.0			
22. I hereby certify that I attended the deceased from Jan 1946 , to June 22, 1950 , that I last saw the deceased alive on 6-22, 1950 , and that death occurred at 8:30 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) F. J. Swickby M.D.		23b. ADDRESS 2528 S. Jefferson		23c. DATE SIGNED 6-23-50			
24a. BURIAL PREPARATION, REMOVAL (Specify) BURIAL		24b. DATE JUN 26 1950		24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE J. B. Carater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutis 2906 Brenois					

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.....

.....
working under my personal supervision.

..... Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Legg Budd*.....

Licensed Embalmer No. *3989*.....

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. *REVERSE*