

FILED SEP 22 1950

STANDARD CERTIFICATE OF DEATH

State File No. 31598

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7816

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis
c. LENGTH OF STAY (In this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION Josephine-Heitkamp Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO.
b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis
d. STREET ADDRESS (If rural, give location) 1916 Agnes St.

3. NAME OF DECEASED
a. (First) Francis
b. (Middle) D
c. (Last) attilo

4. DATE OF DEATH (Month) (Day) (Year)
Sept 17, 1950

5. SEX F. /

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH June 15, 1902

9. AGE (In years last birthday) 48

IF UNDER 1 YEAR Hours Days
IF UNDER 100 Hrs. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cap Operator

10b. KIND OF BUSINESS OR INDUSTRY Textilework

11. BIRTHPLACE (State or foreign country) Pittsburg Penn. /

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Lawrence Dattilo

13b. MOTHER'S MAIDEN NAME Lena Durso

14. NAME OF HUSBAND OR WIFE Edward Dattilo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. SOCIAL SECURITY (If yes, give war or dates of service) 497-09-8046

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edward Dattilo 1916 Agnes

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) Carcinoma Spleen
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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 2nd

22. I hereby certify that I attended the deceased from March 20, 1950, to Sept. 13, 1950, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE J. J. Vyzarik M.D. (Degree or title)

23b. ADDRESS 5022 Page St.

23c. DATE SIGNED 9/15/50

24a. BURIAL, CREMATION, REBURYAL (Specify) Burial

24b. DATE Sept. 16, 1950

24c. NAME OF CEMETERY OR CREMATORY Alvary Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis

DATE REC'D BY LOCAL REG. SEP 15 1950

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS P. Miceli 1150 N. Kingshighway

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 *Anthony J. Miceli*

Licensed Embalmer No. *4272*

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.