

FILED OCT 18 1950

STANDARD CERTIFICATE OF DEATH

State File No. **34781**
8427
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2259	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital		d. STREET ADDRESS (If rural, give location) 25 820 Colé	

3. NAME OF DECEASED (Type or Print) a. (First) Anthony b. (Middle) c. (Last) Felicia			4. DATE OF DEATH (Month) (Day) (Year) October 4, 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 3, 1898	9. AGE (In years last birthday) (Months) (Days) 68	10. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) labor		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Palermo, Italy 5	

13a. FATHER'S NAME John Felicia		13b. MOTHER'S MAIDEN NAME Josephine Cologera		14. NAME OF HUSBAND OR WIFE Michaela Cito Felicia	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY 409-01-7598		17. INFORMANT'S SIGNATURE OR NAME Atherine Felicia	
				ADDRESS 820 Cole St.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus		ANTECEDENT CAUSES				
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Surgery				
		DUE TO (c) Arteriosclerosis & Coronary Occlusion				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION 9/26/50		19b. MAJOR FINDINGS OF OPERATION Surgery at foot			20. AUTOPSY? YES <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? StedX		

22. I hereby certify that I attended the deceased from 9/26, 1950, to 10/4, 1950, that I last saw the deceased alive on 10/4, 1950, and that death occurred at 5 P. m., from the causes and on the date stated above.

23a. SIGNATURE Donald R. Burke, M.D.		23b. ADDRESS 1325 S. Grand (A) Firmin Desloge Hosp.		23c. DATE SIGNED 10/5/50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Oct. 7, 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. OCT 6 1950		REGISTRAR'S SIGNATURE J. B. Sasser		25. FUNERAL DIRECTOR'S SIGNATURE P. Miceli	
				ADDRESS 1150 No. 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Anthony J. Mucili*

Licensed Embalmer No. *4277*

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.