

FILED FEB 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2958
Registrar's No. 541

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)	
b. CITY (If outside corporate limits, write RURAL and give township) St Louis Mo		c. CITY (If outside corporate limits, write RURAL and give township) 67 TOWN KIRKWOOD 4673	
c. LENGTH OF STAY (In this place) 2 days		d. STREET ADDRESS (If rural, give location) #8 MARET DR. 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES Hospital			

3. NAME OF DECEASED (Type or Print) Louis R Scardamalia		4. DATE OF DEATH (Month) (Day) (Year) 1-16-51	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 21, 1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DISTRICT INS. MGR.-NAT'L LIFE & ACCIDENT INS.CO.		10b. KIND OF BUSINESS OR INDUSTRY PITTSBURGH, PA.	12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME THEODORE SCARDAMALIA	13b. MOTHER'S MAIDEN NAME THERESA COSTANZO	14. NAME OF HUSBAND OR WIFE FLORENCE SCARDAMALIA
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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) NO	16. SOCIAL SECURITY NO. 488-10-1334	17. INFORMANT'S SIGNATURE OR NAME FLORENCE SCARDAMALIA	ADDRESS #8 MARET DR.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 days 10 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive cardio-vascular disease</u> 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	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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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? 4438
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22. I hereby certify that I attended the deceased from 1-15, 1951, to 1-16, 1951, that I last saw the deceased alive on 1-16, 1951, and that death occurred at 11:08 P.M., from the causes and on the date stated above.

23a. SIGNATURE FR Bradley (Degree or title) M.D.O	23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 1/17/51
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24a. BURIAL, CREMATION, REMOVAL, ENTOMBMENT (Specify) ENTOMBMENT	24b. DATE JAN 19, 1951	24c. NAME OF CEMETERY OR CREMATORY CALVARY MAUSOLEUM	24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 18 1951 L B Foster	25. FUNERAL DIRECTOR'S SIGNATURE KRIEGSHAUSER 4478 S. KINGS HIGHWAY
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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 _____

Richard W. Stovesand

Signed.....

Student Embalmer

Licensed Embalmer No. 4007

P. O. Address.....

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.