

FILED MAR 22 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9840

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2314

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2139	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		STREET ADDRESS (If rural, give location) 5606 So. Magnolia	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) c. (Last) Azzanni			4. DATE OF DEATH (Month) (Day) (Year) March 11, 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 24, 1893	9. AGE (In years last birthday) 57	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Italy 5	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Petro Azzanni	13b. MOTHER'S MAIDEN NAME Christina Rizzo	14. NAME OF HUSBAND OR WIFE Philpa
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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. 489-03-9408	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Philpa Azzanni, 5606a So. Magnolia
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation		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.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		" "	
		DUE TO (b) Arteriosclerosis - general		" "	
		DUE TO (c) Pleural effusion - right - recurrent		May 1950	
II. OTHER SIGNIFICANT CONDITIONS		due to unknown cause			
Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION Jan. 1951	19b. MAJOR FINDINGS OF OPERATION Hemothorax - cause unknown Exploration of the right chest by Dr. Burford	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)
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? 579.2

22. I hereby certify that I attended the deceased from 12/22/1950, to 3/10, 1951, that I last saw the deceased alive on 3/10, 1951, and that death occurred at 7:50a. m., from the causes and on the date stated above.

23a. SIGNATURE Elmer Riccardi M.D. (Degree or title)	23b. ADDRESS 634 N. Grand	23c. DATE SIGNED 3/12/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-14-51	24c. NAME OF CEMETERY OR CREMATORY Resurrection	24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 1 1951 J. Blaster	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul C. Calcaterra, 5140 Daggett Ave.
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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 Me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Elton R. Rinehart

Licensed Embalmer No. 4283

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.