

FILED APR 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13584

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5885 Registrar's No. 66

1. PLACE OF DEATH

a. COUNTY **Pulaski**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Fort Leonard Wood, Mo**

c. LENGTH OF STAY (in this place) **--**

d. FULL NAME OF HOSPITAL OR INSTITUTION **-- -- --**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE **New York** b. COUNTY **--**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Brooklyn** **8310**

d. STREET ADDRESS (If rural, give location) **312 13th Street** **8**

3. NAME OF DECEASED (Type or Print)

a. (First) **Frank** b. (Middle) **Louis** c. (Last) **Civitello**

4. DATE OF DEATH (Month) (Day) (Year) **April 18, 1951**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Never Married**

8. DATE OF BIRTH **3 May 1932** 9. AGE (In years last birthday) **18** IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY **U S Army**

11. BIRTHPLACE (State or foreign country) **Brooklyn, New York**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Henry Civitello** 13b. MOTHER'S MAIDEN NAME **Mildred (Maiden name unk)** 14. NAME OF HUSBAND OR WIFE **-- -- --**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **Yes** (If yes, give war or dates of service) **-- --**

16. SOCIAL SECURITY NO. **-- -- --**

17. INFORMANT'S SIGNATURE OR NAME **E. W. GRUNEWALD, Major, MSC, Ft L. W., Mo.** ADDRESS **U S Army Hosp.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Fractured skull, parieto-occipital, and basilar - comminuted.**

ANTECEDENT CAUSES DUE TO (b) _____

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) **Hemothorax, right, massive**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) **Accident** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Reservation Road** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **Fort Leonard Wood Pulaski Missouri**

21d. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY **April 18, 1951 7:15 AM** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **Government Vehicle Accident** *overturn*

22. I hereby certify that I attended the deceased from 18 April, 1951, to 18 April, 1951, that I never saw the deceased alive on --- -- --, 1951, and that death occurred at 7:15A m., from the causes and on the date stated above.

23a. SIGNATURE **Albert J. Bruecken, Jr.** (Degree or title) **Capt, MC** 23b. ADDRESS **U S Army Hospital, Fort Leonard Wood, Missouri** 23c. DATE SIGNED **18 Apr 51**

24a. BURIAL, CREMATION REMOVAL (Specify) **Removal** 24b. DATE **4/20/51** 24c. NAME OF CEMETERY OR CREMATORY **Brooklyn, New York** 24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. **4-21-51** REGISTRAR'S SIGNATURE **Opal Ray** 389 25. FUNERAL DIRECTOR'S SIGNATURE **Walter Wedges** ADDRESS **Crete, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

68251
3

RECEIVED 4-21-51
Pulaski County Health Officer

File Number

Date Filed 4-21-51

JUL 11 1951

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.....

Francis J. Weyland Jr.

Signed.....
Student Embalmer

Licensed Embalmer No. 4512

P. O. Address Shelby, 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.