

FILED MAY 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14671

318

BIRTH NO. 18990-57 REG. DIST. NO. PRIMARY REG. DIST. NO. 1003 Registrar's No. 3802

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 2139	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		1/4 STREET ADDRESS (If rural, give location) 5224 Daggett Street.	

3. NAME OF DECEASED (Type or Print) Domenico	a. (First)	b. (Middle)	c. (Last) Russo	4. DATE OF DEATH (Month) (Day) (Year) April 20, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Mar 25, 1951	9. AGE (In years last birthday) 26	IF UNDER 1 YEAR Months Days Hours Min.	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None-Infant		10b. KIND OF BUSINESS OR INDUSTRY Nil		11. BIRTHPLACE (State or foreign country) U		12. CITIZEN OF WHAT COUNTRY? U.S.A	

13a. FATHER'S NAME Mike Russo	13b. MOTHER'S MAIDEN NAME Mary unknown	14. NAME OF HUSBAND OR WIFE Nil
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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. Nil	17. INFORMANT'S SIGNATURE OR NAME Mike Russo - 5224 Daggett Street.	ADDRESS 5224 Daggett Street.
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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 Life
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Congenital heart</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 75 ft. H

22. I hereby certify that I attended the deceased from Apr 18, 1951, to Apr 20, 1951, that I last saw the deceased alive on Apr 20, 1951, and that death occurred at 2 P. m., from the causes and on the date stated above.

23a. SIGNATURE <i>Paul Calcaterra M.D.</i>	(Degree or title)	23b. ADDRESS 4952 Maryland	23c. DATE SIGNED 7/21/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-21-51	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 23 1951 <i>J.B. Parater</i>	25. FUNERAL DIRECTOR'S SIGNATURE Paul Calcaterra - 5140 Daggett St.	ADDRESS
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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

Eaton R. Remelius

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.