

FILED APR 28 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 15085

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>966</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township): <u>Wellston</u>		c. LENGTH OF STAY (In this place) <u>34 yrs. 3 mos.</u>		29 CITY OR TOWN <u>Wellston</u>		4291	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent's Sanitarium</u>				d. STREET ADDRESS (If rural, give location) <u>7800 ST. CHARLES ROCK RD.</u>			
3. NAME OF DECEASED (Type or Print) <u>Francis</u>		a. (First) <u>Francis</u>		c. (Last) <u>Giovine</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 12 51</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Wht</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>5/8/73</u>	9. AGE (In years last birthday) <u>77</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Italy</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Giuseppe Giovine</u>		13b. MOTHER'S MAIDEN NAME <u>Benedetta, Dominica</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Records of St. Vincent's Sanitarium</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, generalized</u> <u>Schizophrenia, Paranoid Type</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture, rt hip. 2/28/51</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yr.</u> <u>1 1/2 yr.</u> <u>5 days</u>	
19a. DATE OF OPERATION <u>4/11/51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Intra-trochanteric fracture, rt hip.</u>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>SUICIDE</u>		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) <u>4 7 51</u> a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Pt. Fell</u>					
22. I hereby certify that I attended the deceased from <u>Dec 24</u> , 19 <u>20</u> , to <u>4/12</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4/12</u> , 19 <u>51</u> , and that death occurred at <u>10:15 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J.A. Costello</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>2407 N Broadway, St. Louis</u>		23c. DATE SIGNED <u>4/12/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-14-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>		
DATE REC'D BY LOCAL REG. <u>4/13/51</u>	REGISTRAR'S SIGNATURE <u>Robert G. Lomka M.D.</u>		FUNERAL DIRECTOR'S SIGNATURE <u>CULLON - KELL</u>		ADDRESS <u>4726 NATON RD.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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 James A. Lammers  
Licensed Embalmer No. 4142

P. O. Address St Louis

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.