

FILED JUN 23 1951

STANDARD CERTIFICATE OF DEATH

State File No. 21187

BIRTH NO. 68250-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5428

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2169	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 3624a Hartford Ave. 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns			

3. NAME OF DECEASED (Type or Print) a. (First) Ross b. (Middle) Philip c. (Last) Crimi		4. DATE OF DEATH (Month) (Day) (Year) June 12, 1951	
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct 17, 1950
9. AGE (In years last birthday) 9		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME Philip Crimi	13b. MOTHER'S MAIDEN NAME Betty Jane Paulson	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Philip Crimi	ADDRESS 3624a Hartford
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes Mellitus DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Abnormal Diarrhoea			

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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 27.2
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22. I hereby certify that I attended the deceased from 5-25-51 to June 13 1951, that I last saw the deceased alive on June 12, 1951 and that death occurred at 2:00 m., from the causes and on the date stated above.

23a. SIGNATURE P. J. Mannon (Degree or title) M.D.	23b. ADDRESS No Theatre Bldg	23c. DATE SIGNED June 14-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 15, 1951	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or township) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL JUN 14 1951	REGISTRAR'S SIGNATURE J. B. L...	25. FUNERAL DIRECTOR'S SIGNATURE P. Miceli	ADDRESS 1150 N. Kingshighway
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(Licensed Embalmer's Statement on Reverse Side)

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

X

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.....

Anthony J. Miceli

Signed.....

Student Embalmer

Licensed Embalmer No. *4277*

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.