

FILED JUL 26 1951

STANDARD CERTIFICATE OF DEATH

24411  
State File No. 6215

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

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 2259	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 1414 N. 7th St.		e. STREET ADDRESS (If rural, give location) 1414 N. 7th St 0	
3. NAME OF DECEASED (Type or Print) a. (First) guiseppe Ciramitaro b. (Middle) c. (Last) (SHARSMITARO)		4. DATE OF DEATH (Month) (Day) (Year) July 10, 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 10, 1877
9. AGE (In years last birthday) 74		10. MONTHS 1	11. DAYS 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Fruit Dealer		10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (State or foreign country) Italy
12. CITIZEN OF WHAT COUNTRY? 5		13a. FATHER'S NAME Mercurio Ciramitaro	
13b. MOTHER'S MAIDEN NAME Rosalie		14. NAME OF HUSBAND OR WIFE Rosaria Ciramitaro	
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. no	
17. INFORMANT'S SIGNATURE OR NAME MIKE SHARSMITARO		ADDRESS 4847 Margaretta	

18. CAUSE OF DEATH Enter only the cause per se (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 24 hrs
ANTECEDENT CAUSES		DUE TO (b) Arteriosclerosis, General		Year
DUE TO (c) acute upper Respiratory infection		3 days		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Ch. Bronchitis		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

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) St. Louis Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR H20

22. I hereby certify that I attended the deceased from Jan 1947, to July 10, 1951, that I last saw the deceased alive on July 10, 1951, and that death occurred at 1 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Anthony J. Vitale, M.D.	23b. ADDRESS 3861 St. Louis Ave	23c. DATE SIGNED 7/11/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 13, 1951	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE D. B. Pascoe
DATE REC'D BY LOCAL REG. JUL 12 1951	REGISTRAR'S SIGNATURE J. B. Pascoe	ADDRESS 1431 Union Blvd.

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 Edward H. Penabaz

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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 24411  
Local Registrar's No. 6215

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this \_\_\_\_\_ day of \_\_\_\_\_, 194\_\_\_\_, before me appears \_\_\_\_\_

\_\_\_\_\_, who, upon \_\_\_\_\_ oath, states that the original record of birth death  
for Guiseppo Ciramitaro died 7-10-1950 1951, 19\_\_\_\_, in the State of  
~~DECEASED~~ Missouri, and which was filed at \_\_\_\_\_ on \_\_\_\_\_, 19\_\_\_\_, should be corrected as follows:

Item No. 2 should read Guiseppo Ciramitaro (Sharamitaro)

Instead of \_\_\_\_\_ 2 2"

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Dennis J. Michaels Fun Dir  
Attorneys Relationship.  
~~1434~~ 1434 N. Union  
Present Address.

Subscribed and sworn to before me this 8 day of Aug, 1951.

My Commission expires 3-4-53 \_\_\_\_\_  
Earl P. Johnson Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.