

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25651

State File No.

FILED AUG 9 1951

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3069</u>		Registrar's No. <u>2774</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> <u>4005</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>		c. LENGTH OF STAY (in this place) <u>1 Day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryland Heights</u> <u>4250</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARY'S HOSP. CLAYTON RD.</u>				d. STREET ADDRESS (If rural, give location) <u>Fee Fee & Dorsett</u>					
3. NAME OF DECEASED (Type or Print) <u>CANILLO</u>			a. (First)	b. (Middle)	c. (Last) <u>VAGO</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 26 1951</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Apr. 29, 1882</u>	9. AGE (In years last birthday) <u>69</u>	if UNDER 1 YEAR Months <u>2</u>	if UNDER 12 HRS. Days <u>27</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tavern Operator</u>		11. BIRTHPLACE (State or foreign country) <u>Milan Italy</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Vago</u>			13b. MOTHER'S MAIDEN NAME <u>Olivia</u>		14. NAME OF HUSBAND OR WIFE <u>Pauline Colombine Vago</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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Pauline Vago</u> <u>Fee Fee & Dorsett</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary congestion and edema</u>				<u>Antecedent Causes</u>				<u>2-3 wks</u>	
DUPLICATE TO (b) <u>Congestive heart failure</u>				DUPLICATE TO (c) <u>ARTERIO-SCLEROTIC HEART DISEASE</u>				<u>Unknown</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>CIRRHOSIS OF LIVER</u>					
				<u>PEPTIC ULCER</u>				<u>4200</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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)					
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?					
22. I hereby certify that I attended the deceased from <u>July 25, 1951</u> , to <u>July 26, 1951</u> , that I last saw the deceased alive on <u>July 25, 1951</u> , and that death occurred at <u>1:42 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Joseph J. Linneman M.D.</u>				23b. ADDRESS <u>3720 Washington</u>		23c. DATE SIGNED <u>July 26, 1951</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>July 28, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis</u>			
DATE REC'D BY LOCAL REG. <u>7/27/51</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dunker M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ortmann Funeral Home</u>		ADDRESS <u>9222 Lakeland</u>			

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.....

Al C Ostmann

Signed.....
Student Embalmer

Licensed Embalmer No. 3478

P. O. Address.....

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.