

FILED SEP 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28721

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7046**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis, Mo.)		a. STATE Mo. b. COUNTY St. Louis	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital		d. STREET ADDRESS (If rural, give location) 6235 Dowler	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Vincent	b. (Middle) (VINCENTO)	c. (Last) Sgroi	8-5-51		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-23-1887		9. AGE (In years) 66 (If UNDER 1 YEAR: Months Days; If UNDER 1 HR. Hours Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator		10b. KIND OF BUSINESS OR INDUSTRY V. Viviano & Co		11. BIRTHPLACE (State or foreign country) Sicily	
13a. FATHER'S NAME Francisco Sgroi			13b. MOTHER'S MAIDEN NAME Antoinetta Deluvio		14. NAME OF HUSBAND OR WIFE Rose Pallazo
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 491-12-7008		17. INFORMANT'S SIGNATURE OR NAME Mrs Rosali Sgroi ADDRESS	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery Thrombosis		II. OTHER SIGNIFICANT CONDITIONS Emboli of lungs, spleen, and kidneys			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Atherosclerosis			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Multiple Emboli			
		DUE TO (b) Multiple Emboli			
		DUE TO (c) Emboli of lungs, spleen, and kidneys			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		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 **7-14-51**, 19___, to **8-5-51**, 19___, that I last saw the deceased alive on **8-5-51**, 19___, and that death occurred at **5:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Albert E. Stock M.D. (Degree or title)		23b. ADDRESS 1325 S. Grand, St. Louis 4, Mo.		23c. DATE SIGNED 8/6/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 8, 1951		24c. NAME OF CEMETERY OR CREMATORY Calvary	
		24d. LOCATION (City, town, or county) St. Louis		(State) Missouri	

DATE REC'D BY LOCAL REG. AUG 7 1951		REGISTRAR'S SIGNATURE J. B. Farster		25. FUNERAL DIRECTOR'S SIGNATURE Bernard Nicholas ADDRESS 1431 Union Bl.	
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Frank H. McKee

Licensed Embalmer No. 2912

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.