

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31415**  
**8630**

FILED OCT 10 1951

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. RURAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>5 days</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
		f. STREET ADDRESS (If rural, give location) <b>5349 N. Euclid Ave. 15</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>TOMMASO</b> b. (Middle) c. (Last) <b>DELMONACO</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 28 1951</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 26 1888</b>
9. AGE (In years last birthday) <b>63</b>		10. MONTH <b>3</b>	11. DAY <b>2</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Grocer</b>		11. BIRTHPLACE (State or foreign country) <b>Italy</b>	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Antonio DelMonaco</b>		13b. MOTHER'S MAIDEN NAME <b>Irene Monaco</b>	14. NAME OF HUSBAND OR WIFE <b>Anna DelMonaco</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Anna DelMonaco</b> ADDRESS <b>5349 N Euclid</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Several wks.</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Bronchial Asthma</b>	
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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>2411X</b>
22. I hereby certify that I attended the deceased from <b>3-5</b> , 19 <b>49</b> to <b>9-28</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>9-27</b> , 19 <b>51</b> and that death occurred at <b>7:30</b> m. from the causes and on the date stated above.			
23a. SIGNATURE <b>John J. Smith, M.D.</b> (Degree or title)		23b. ADDRESS <b>4703 Carter Ave.</b>	23c. DATE SIGNED <b>9-29-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Oct 1 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County</b>
DATE REC'D BY LOCAL REG. <b>SEP 29 1951</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>4746</b> ADDRESS <b>Bronschwig and Son W Florissant</b>

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 W. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address How's 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.