

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35693

State File No. ....

FILED NOV 8 1951

318

100

9318

BIRTH NO. ....		REG. DIST. NO. ....		PRIMARY REG. DIST. NO. 100		Registrar's No. 9318			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY					
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis		2219			
d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Hospital				28 STREET ADDRESS (If rural, give location) 2202a Madison St					
3. NAME OF DECEASED (Type or Print) Angelo		a. (First)		b. (Middle) Trapasso		c. (Last)			
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Oct. 18-1953			
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 71			
11. BIRTHPLACE (State or foreign country) Italy				12. CITIZEN OF WHAT COUNTRY? 5					
13a. FATHER'S NAME Joseph Trapasso		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Rose Trapasso					
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 ADDRESS Michel Trapasso 2202a Madison St					
18. CAUSE OF DEATH (Enter only one cause per line on (a), (b), and (c))				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis.				Hypostatic pneumonia.					
* This does not mean the mode of dying, such as heart failure, asphyxia, 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.)					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION No surgery.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21f. HOW DID INJURY OCCUR? 4542			
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"/>							
22. I hereby certify that I attended the deceased from 10-14-1951, to 10-21-1951, that I last saw the deceased alive on 10-21-1951, and that death occurred at 7:00 P. m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) [Signature]				23b. ADDRESS 1930 Lindell Blvd. St. Louis, Mo.		23c. DATE SIGNED 10-22-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-24-1951		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery - St Louis County Mo		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. 98122 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leidner U. 2223 St. Louis Ave.					

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

Mr. Frank Smith, Park Lane Hoop. 1 To 4

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 John P. Buschby  
Licensed Embalmer No. 1674

P. O. Address 2223 So. Lewis Ave

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.

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

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 35693  
Local Registrar's No. 9318

State of ..... }  
County of ..... } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 24 day of Oct., 1951, before me appears.....

for Angelo Trapesso, who, upon 10-21 oath, states that the original record of birth  
died 10-21, 1951, in the State of  
berr  
Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. 2 should read Oct. 18-1890

Instead of..... 1879

Item No..... should read.....

Instead of.....

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

(SEAL) Affiant Leibner John Lee Relationship. Father

2223 S. Louis ave  
Present Address.

Subscribed and sworn to before me this 24 day of Oct., 1951.

My Commission expires 3-4-53 Carl Paschke Notary Public.