

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

35906

State File No. ....

**FILED NOV 8 1951**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3067 Registrar's No. 3551

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Louis</u>		<b>2. USUAL RESIDENCE</b> (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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Baden Station</u> <u>4010</u>	
c. LENGTH OF STAY (in this place) <u>3 da</u>		d. STREET ADDRESS (If rural, give location) <u>Route 4, Box 741</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) <u>Vincenzo</u>	a. (First)	b. (Middle)	c. (Last) <u>Rizzo</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Oct. 30, 1951</u>
---	------------	-------------	------------------------	---

<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>June 30, 1885</u>	<b>9. AGE</b> (In years last birthday) <u>66</u>	<b>IF UNDER 1 YEAR</b> Months	<b>IF UNDER 1 YEAR</b> Days	<b>IF UNDER 24 HRS.</b> Hours	<b>IF UNDER 24 HRS.</b> Min.
------------------------------	---	---	---	--	----------------------------------	--------------------------------	----------------------------------	---------------------------------

<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Retired Barber</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Marsala, Italy</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.</u>
---	--	---	--

<b>13a. FATHER'S NAME</b> <u>Joseph Rizzo</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Rosie Barraco</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Vincenza</u>
--	--	---

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>Unknown</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Rose Resa</u>	<b>ADDRESS</b> <u>5020 Geradine Ave.</u>
--	--	--	---

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>72 hrs</u>  <u>years.</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> <u>Myocardial Infarction</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Coronary artery disease</u>  DUE TO (c)		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>4201</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
-------------------------------	--	---

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>St. Louis, Mo.</u>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from Oct 29, 1951, to Oct 30, 1951, that I last saw the deceased alive on Oct 30, 1951, and that death occurred at 6:20 a. m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>William A. Kemp J. M.D.</u>	<b>23b. ADDRESS</b> <u>4161 Lindell</u>	<b>23c. DATE SIGNED</b> <u>10/31/51</u>
---	--	--

<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Entombment</u>	<b>24b. DATE</b> <u>11-3-51</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Calvary</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis, Mo.</u>
---	------------------------------------	---	---

<b>DATE REC'D BY LOCAL REG.</b> <u>10-31-51</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Herbert R. Jomke M.D.</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Albert H. Hoppe</u>	<b>ADDRESS</b> <u>4700 Washington Blvd.</u>
--	--	---	--

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

No. 300  
10-48

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.....

*Robert M. Murray*

Licensed Embalmer No. 3749

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.