

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38809**  
Registrar's No. **10981**

FILED DEC 15 1951

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1. PLACE OF DEATH a. COUNTY		2. USUAL 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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2139</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>5320 Elizabeth</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Carlo</b> b. (Middle) <b>Charles</b> c. (Last) <b>Calcaterra</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 9, 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>Feb. 1, 1876</b>
9. AGE (In years last birthday) <b>75</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	11. BIRTHPLACE (State or foreign country) <b>Italy</b> <b>5</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>Filippo Calcaterra</b>		13b. MOTHER'S MAIDEN NAME <b>Maria Spezia</b>	14. NAME OF HUSBAND OR WIFE <b>Josephine</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Josephine Calcaterra, 5320 Elizabeth</b>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Colon</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <b>10-15-51</b> <b>11-30-51</b>		19b. MAJOR FINDINGS OF OPERATION <b>Obstruction due to Carcinoma of descending Colon</b>	
19a. DATE OF OPERATION <b>10-15-51</b> <b>11-30-51</b>		20. AUTOPSY? YES <input 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>152X</b>	
22. I hereby certify that I attended the deceased from <b>Oct 11, 1951</b> , to <b>Dec. 9, 1951</b> , that I last saw the deceased alive on <b>Dec 8, 1951</b> , and that death occurred at <b>5:30 A. M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Charles Montani M.D.</b>		23b. ADDRESS <b>5147 Daggett Ave.</b>	
23c. DATE SIGNED <b>12-10-51</b>		23d. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>12-12-51</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>	
DATE REC'D BY LOCAL REG. <b>DEC 11 1951</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Paul C. Calcaterra, 5140 Daggett Ave.</b>	

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.