

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38813

State File No. 10464  
Registrar's No. 10464

FILED DEC 8 - 1951

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 10464	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		2139	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2033 Edwards</u>				d. STREET ADDRESS (If rural, give location) <u>2033 Edwards</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROSA</u> b. (Middle) <u>CANZIANI</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 23 1951</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Sept. 27, 1877</u>	9. AGE (In years last birthday) <u>74</u>	# UNDER 1 YEAR Months _____ Days _____	# UNDER 2 WKS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) <u>Italy</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Ambrose Canziani</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mario Canziani 2023 Edwards</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion Myocardial infarction</u> INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>  ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive Cardiovascular disease</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				12 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4201</u>			
22. I hereby certify that I attended the deceased from <u>4-15</u> , 19 <u>37</u> , to <u>11-23</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11-23</u> , 19 <u>51</u> , and that death occurred at <u>3:35</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Charles Montoni, M.D.</u>				23b. ADDRESS <u>5147 Daggert</u>		23c. DATE SIGNED <u>11-24-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 26 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo.</u>	
DATE REC'D BY LOCAL REG. <u>NOV 26 1951</u>		REGISTRAR'S SIGNATURE <u>E. Earl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Paul C. Calcaterra 5172 Daggert</u>			

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 *John J. Haines* .....

Licensed Embalmer No. *4608* .....

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.