

FILED DEC 15 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38973**  
Registrar's No. **10834**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</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>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DePaul Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>5352 Emerson Ave.</b>	

3. NAME OF DECEASED (Type or Print)  
a. (First) **Frank** b. (Middle) **Ferracane** c. (Last) **Ferracane**

4. DATE OF DEATH (Month) (Day) (Year) **Dec. 4, 1951.**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married**

8. DATE OF BIRTH **Aug. 4, 1900** 9. AGE (In years last birthday) **51** IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **leather worker**

10b. KIND OF BUSINESS OR INDUSTRY **luggage**

11. BIRTHPLACE (State or foreign country) **Italy**

12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13a. FATHER'S NAME **Vito Ferracane** 13b. MOTHER'S MAIDEN NAME **Antionette Angeletta** 14. NAME OF HUSBAND OR WIFE **Mary Ferracane**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. **489-071-834**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mary Ferracane 5352 Courson**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Myocardial Infarction**

ANTECEDENT CAUSES **Coronary Atherosclerosis**

\*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.**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **None**

20. AUTOPSY? YES  NO

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) (m.)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR **H201**

22. I hereby certify that I attended the deceased from **11-7, 1951**, to **12-4, 1951**, that I last saw the deceased alive on **12/4, 1951**, and that death occurred at **5:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **L. Hayden M.D.** 23b. ADDRESS **730 Hodeman** 23c. DATE SIGNED **12/6/51**

24a. BURIAL, CREMATION, OR REMOVAL (Specify) **Burial** 24b. DATE **Dec. 7, 1951** 24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **DEC 6 1951** **J. Carl Smith**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **P. Miceli 1150 N. Kingshighway**

(Licensed Embalmer's Statement on Reverse Side)

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. *4408* \_\_\_\_\_

P. O. Address *Haines MD* \_\_\_\_\_

**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.