

FILED NOV 24 1951

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

State File No. 39493

318

1003

Registrar's No. 9715

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</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) <u>no</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>1322 S. St. Louis e. 132?</u>		d. STREET ADDRESS (If rural, give location) <u>2233 Macklind Ave.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2233 Macklind Ave.</u>			d. STREET ADDRESS (If rural, give location) <u>2233 Macklind Ave.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Michele</u>		b. (Middle) <u>Mirabito</u>		c. (Last) <u>Mirabito</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 31 1951</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov 4, 1882</u>	9. AGE (Years last birthday) <u>68</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tinner</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Italy</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					
13a. FATHER'S NAME <u>Salvatore Mirabito</u>		13b. MOTHER'S MAIDEN NAME <u>Innocenza Rapisarda</u>		14. NAME OF HUSBAND OR WIFE <u>Alfina De Bastato Mirabito</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>492-10-3763</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alfina Mirabito, 2233 Macklind</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>5</u>		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>2 mo.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma metastasis</u>		ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause lost.</u>			DUE TO (b) <u>Carcinoma of descending colon</u>
II. OTHER SIGNIFICANT CONDITIONS <u>5</u>		DUE TO (c) _____			3 yrs
19a. DATE OF OPERATION <u>1948</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of descending colon</u>			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) _____	
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>153X</u>	
22. I hereby certify that I attended the deceased from <u>10/28/51</u> to <u>10/31</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10/30</u> , 19 <u>51</u> , and that death occurred at <u>11/31/51 AM</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>L. C. Mullikin</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>2608 S. Kingshighway</u>	
23c. DATE SIGNED <u>11/2/51</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-3-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter &amp; Paul</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>NOV 2 1951</u>		REGISTRAR'S SIGNATURE <u>Paul C. Calcaterra M.D. R.P.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul C. Calcaterra, 5140 Daggett Ave.</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. *4108* .....

P. O. Address *St. Pauli, 21, 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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 39493  
Local Registrar's No. 9715

State of Missouri  
City of St. Louis } ss.  
County of St. Louis

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 30 day of November, 1951, before me appears.....

Paul C. Calcaterra, who, upon his oath, states that the original record of ~~birth~~ death

for Michele Murabito ~~born~~ <sup>died</sup> Oct. 31, 1951, in the State of Missouri, and which was filed at St. Louis on Nov. 2, 1951, should be corrected as follows:

Item No. 13b should read Innocenza Rapisarda

Instead of Innocenza Rabisardo

Item No. 14 should read Alfia DiBartolo Murabito

Instead of Aflina

Item No. 17 should read Alfia Murabito, 2233 Macklind Ave.

Instead of Alfina Murabito, 2233 Macklind Ave.

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

Instead of.....

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

(SEAL)

Affiant Paul C. Calcaterra, F.D.

Relationship.

5140 Baygett

Present Address.

Subscribed and sworn to before me this 30 day of Nov., 1951

My Commission expires 3-4-53 Ernest Padlock Notary Public.

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