

FILED JAN 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43185**
Registrar's No. **11480**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE | |
| b. CITY (If outside corporate limits, write RURAL and give town) St. Louis | | b. COUNTY 2259 | |
| c. LENGTH OF STAY (in this place) 2 hrs | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital | | 1. STREET ADDRESS (If rural, give location) 1428 Blair Ave | |

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|---|----------------------------------|--|---|--|---|
| 3. NAME OF DECEASED a. (First) Ralph b. (Middle) Montileone c. (Last) | | | 4. DATE OF DEATH (Month) (Day) (Year) December 24 1951 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower | 8. DATE OF BIRTH February 8 1876 | 9. AGE (In years last birthday) 75 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | 10b. KIND OF BUSINESS OR INDUSTRY Self | 11. BIRTHPLACE (State or foreign country) Italy | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

| | | | | | |
|---|--|---|--|---|--|
| 13a. FATHER'S NAME Salvador Montileone | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Late Antonia Montileone | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sam Montileone 2915 St. Louis Ave | |

| | | | | | |
|---|--|--|--|--|--|
| 18. 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? H201 | |

18. MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____

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.

Paraventricular thrombosis

22. I hereby certify that I attended the deceased from _____ 19____, to _____ 19____, that I last saw the deceased alive on _____ 19____, and that death occurred at **5:30 A** m., from the causes and on the date stated above.

| | | |
|---|-----------------------------------|-------------------------------------|
| 23a. SIGNATURE (Degree or title) Patrick B. Palmer, Coroner | 23b. ADDRESS 1300 Clark | 23c. DATE SIGNED 12 26 51 |
|---|-----------------------------------|-------------------------------------|

| | | | |
|--|--------------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE December 27 1951 | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis Mo |
| DATE RECEIVED BY LOCAL HEALTH DEPARTMENT DEC 26 1951 | | REGISTRAR'S SIGNATURE Paul Smith | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F Feutz 4828 Nat Bridge Blvd |

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 A. McLean

Licensed Embalmer No. 4186

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.