

FILED FEB 2 1952

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

State File No. 647
 Registrar's No. 0649

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| BIRTH NO. | | REG. DIST. NO. 318 | PRIMARY REG. DIST. NO. 1003 | State File No. 647 | |
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | | |
| b. CITY OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN St. Louis | | 1137 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital | | | d. STREET ADDRESS (If rural, give location) 5255 Botanical Ave. | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Phillip | | b. (Middle) | c. (Last) Garegnani | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 20, 1952 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Dec. 22, 1898 | 9. AGE (In years last birthday) 53 | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Italy 5 | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13a. FATHER'S NAME John Garegnani | | 13b. MOTHER'S MAIDEN NAME Santina Unknown | 14. NAME OF HUSBAND OR WIFE Antoinette | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. 499-36-2188 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Antoinette Garegnani, 5255 Botanical | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH 6 mos |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF LUNG | DUE TO (b) METASTATIC CA SPINE | | | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | 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 | 19b. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY? YES <input checked="" 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) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 163X | | | |
| 22. I hereby certify that I attended the deceased from 1/14, 1952, to 1/20, 1952, that I last saw the deceased alive on 1/20, 1952, and that death occurred at 8 m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE H. J. Mistachkin MD (Degree or title) | | 23b. ADDRESS 8903 OLIVE | | 23c. DATE SIGNED 1/21/52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 1-22-52 | 24c. NAME OF CEMETERY OR CREMATORY Resurrection | 24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo. | | |
| DATE FILED BY LOCAL REG. SAH 21 1952 | REGISTRAR'S SIGNATURE Paul C. Calcaterra MD | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul C. Calcaterra, 5140 Daggett Ave. | | |

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 J. Wm. Penhaly
Licensed Embalmer No. 3653

P. O. Address St. Louis

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.