. No. 300
. 10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED FEB 2 1952

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

State File No. 3353

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0539

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Missouri
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis City Hospital #1

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2259
d. STREET ADDRESS (If rural, give location): 1013 Franklin Ave.

**3. NAME OF DECEASED** (Type or Print)
a. (First): LORENZO
b. (Middle):
c. (Last): SPINELLI

**4. DATE OF DEATH** (Month) (Day) (Year): JAN. 16, 1952

**5. SEX**: M.

**6. COLOR OR RACE**: W.

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Divorced 3

**8. DATE OF BIRTH**: Aug. 24, 1892

**9. AGE** (In years last birthday): 59 — If under 1 year: Months / Days — If under 1 hr.: 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**:

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

**12. CITIZEN OF WHAT COUNTRY?**: It.

**13a. FATHER'S NAME**: Vito Spinelli

**13b. MOTHER'S MAIDEN NAME**: Angelina

**14. NAME OF HUSBAND OR WIFE**: Emilia Nosari

**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.**: —

**17. INFORMANT'S SIGNATURE OR NAME**: Jack Spinelli — **ADDRESS**: 4328 W. Papin

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis Rt. Internal carotid artery with

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Left Hemiplegia

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**

**19b. MAJOR FINDINGS OF OPERATION**

**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?**

332X

22. *I hereby certify that I attended the deceased from* 8-29-51, *19*____, *to* 1-16-52, *19*____, *that I last saw the deceased alive on* 1-16-52, *19*____, *and that death occurred at* 12:10 A.m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: Jack Hilgers (Degree or title) M.D.

**23b. ADDRESS**: 1515 Lafayette Avenue

**23c. DATE SIGNED**: 1-16-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**24b. DATE**: Jan. 19, 1952

**24c. NAME OF CEMETERY OR CREMATORY**: Calvary Cemetery

**24d. LOCATION** (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: JAN 18 1952

REGISTRAR'S SIGNATURE: J. Earl Smith M.D.

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

(Licensed Embalmer's Statement on Reverse Side)

## 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~~ Me

.....

working under my personal supervision.

Student Embalmer No.....

Signed Ettore R. H. Remelius

Signed.....
Student Embalmer

Licensed Embalmer No. 4283

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.