

10704

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. **1802**

No. 300

10-48

FILED MAR 22 1952

BIRTH NO.

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

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE* (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS, MISSOURI		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 202-9	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If rural, give location) 6956 Jamieson Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) DAMIANO b. (Middle) c. (Last) VITALE		4. DATE OF DEATH (Month) (Day) (Year) 2 23 52	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH June 19, 1878
9. AGE (In years last birthday) 73 1/2		10. UNDER 1 YEAR Months Days Hours Min.	11. BIRTHPLACE (State or foreign country) Italy
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ericklayer (retired 15 Yrs.)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Nicholas Vitale		13b. MOTHER'S MAIDEN NAME Marie Biondo	
14. NAME OF HUSBAND OR WIFE Late Pietrina Vitale		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.		17. INFORMANT'S SIGNATURE OR NAME Steve Vitale	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE CARDIAC DECOMPENSATION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CARCINOMA, PRIMARY SITE UNKNOWN, WITH METASTASIS TO LIVER DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. TRACHEOTOMY FOR CARCINOMA OF LARYNX	
INTERVAL BETWEEN ONSET AND DEATH 5 DAYS		1 YEAR 12 YEARS	
19a. DATE OF OPERATION 2/16/52		19b. MAJOR FINDINGS OF OPERATION CARCINOMA IN LIVER, PRIMARY SITE NOT DETERMINED	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) HOMICIDE	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 161X		22. I hereby certify that I attended the deceased from 2/4 , 19 52 , to 2/23 , 19 52 , that I last saw the deceased alive on 2/23 , 19 52 , and that death occurred at 4:05 Pm. , from the causes and on the date stated above.	
23a. SIGNATURE G B Rader 0 (Degree or title) M.D.		23b. ADDRESS BARNES HOSPITAL	
23c. DATE SIGNED 2/23/52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Feb. 27, 1952		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser	
DATE REC'D BY LOCAL REG. FEB 25 1952		ADDRESS 4228 S. Kingshighway Bl.	

(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

Edwin A. M. Herriott

Licensed Embalmer No. *3024*

P. O. Address.....

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.