

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11150

State File No.

FILED MAR 29 1952

BIRTH NO. 269229 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 733

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		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) <u>RICHMOND HEIGHTS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u> <u>2139</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>5621 BISCHOFF</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Mary's Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>John</u> a. (First) b. (Middle) c. (Last) <u>Signorino</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 18 1952</u>		
--	--	--	--	--	--

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>March 18 1952</u>	9. AGE (In years last birthday) <u>0</u> IF UNDER 1 YEAR Months <u>0</u> IF UNDER 1 YEAR Days <u>0</u> IF UNDER 1 YEAR Hours <u>0</u> Min.
--------------------	------------------------------	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Clayton Mo</u>	12. CITIZEN OF WHAT COUNTRY?
--	-----------------------------------	--	------------------------------

13a. FATHER'S NAME <u>Sam Signorino</u>	13b. MOTHER'S MAIDEN NAME <u>Josephine DiGregorio</u>	14. NAME OF HUSBAND OR WIFE
--	--	-----------------------------

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 ADDRESS <u>Sam Signorino 5621 Bischoff</u>
--	-------------------------	---

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anencephalus</u>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) <u>750X</u>
--	--	--

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?
---	--	----------------------------

22. I hereby certify that I attended the deceased from 3/18, 1952, to 3/18, 1952, that I last saw the deceased alive on 3/18, 1952, and that death occurred at 8:45 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Bernard H. Gentry, M.D.</u> (Degree or title)	23b. ADDRESS <u>16 Hampton Village Plaza</u>	23c. DATE SIGNED <u>3/19/52</u>
--	---	------------------------------------

24a. BURIAL, CREMATION, REBURNAL (Specify) <u>Burial</u>	24b. DATE <u>Mar 19 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis Mo.</u>
---	---------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>3-19-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>P. Miceli & Sons 1150 N Kingshighway</u>
--	---	---

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 _____

No Embalming

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed _____

Student Embalmer

Licensed Embalmer No.

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.