

FILED MAY 1 - 1952

STANDARD CERTIFICATE OF DEATH

14120

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3795**

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) OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

d. FULL NAME OF HOSPITAL OR INSTITUTION: **2519a Mullanphy** d. STREET ADDRESS (If rural, give location) **2519a Mullanphy Ave.**

3. NAME OF DECEASED (Type or Print) a. (First) **Rosario** b. (Middle) **Castelli** c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year) **April 20 1952**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **March 21 1875** 9. AGE (In years last birthday) **77** 10. MONTHS **7** 11. DAYS **7** 12. HOURS **7** 13. MIN. **7**

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) **Italy** 12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME **Salvatore Castelli** 13b. MOTHER'S MAIDEN NAME **Maria** 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 **Mrs. Jacob Greco** ADDRESS **2519a Mullanphy**

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Acute Coronary Occlusion**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Secondary Arteriosclerosis**
DUE TO (c) **Arteriosclerotic Heart Disease**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH **2 hrs**

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR **4200**

22. I hereby certify that I attended the deceased from **Apr 24**, 19**49** to **April 20**, 19**52**; that I last saw the deceased alive on **April 20**, 19**52**; and that death occurred at **4:30 AM** from the causes and on the date stated above.

23a. SIGNATURE **KENDIS** (Degree or title) _____ 23b. ADDRESS **2000 462 No. Taylor** 23c. DATE SIGNED **4/21/52**

24a. BURIAL/CREMATION REMOVAL (Specify) **Burial** 24b. DATE **4/23/52** 24c. NAME OF CEMETERY OR CREMATORY **Calvary** 24d. LOCATION (City, town, or county) (State) **St. Louis Mo.**

DATE REC'D BY LOCAL REG. **APR 22 1952** REGISTRAR'S SIGNATURE **Carl Smith** 25. FUNERAL DIRECTOR'S SIGNATURE **Sullivan's** ADDRESS **2849 No. Euclid 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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....
Robert L. Brinker

Licensed Embalmer No. *3553*

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.