

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18317

State File No. \_\_\_\_\_

FILED JUN 16 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4992**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. LENGTH OF STAY (in this place) <b>40 yrs</b>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		<b>2269</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital #1</b>		d. STREET ADDRESS (If rural, give location) <b>26 1865a-Cass</b>	
3. NAME OF DECEASED a. (First) <b>FRANCES C A</b> (Type or Print)		b. (Middle)	
c. (Last) <b>MILLATI</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 29 1952</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug 15 1884</b>
9. AGE (In years last birthday) <b>67</b>		10. MONTHS <b>5</b>	11. DAYS <b>5</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <b>Italy</b>		12. COUNTRY OF WHAT COUNTRY? <b>Italy</b>	
13a. FATHER'S NAME <b>Antonino Costanza</b>		13b. MOTHER'S MAIDEN NAME <b>Angela Giammona</b>	
14. NAME OF HUSBAND OR WIFE <b>Cosimo Millati</b>		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 <b>Nick Millati</b>	
17. ADDRESS <b>1865a Cass</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Acute Pancreatitis + Uremia 3 days 4 yrs</b>	
19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Pyelonephritis</b> 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.		INTERVAL BETWEEN ONSET AND DEATH <b>4 yrs</b>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <b>6000</b>		22. I hereby certify that I attended the deceased from <b>5-26-52</b> , 19__, to <b>5-29-52</b> , 19__, that I last saw the deceased alive on <b>5-29-52</b> , 19__, and that death occurred at <b>3:50A m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>W. Spencer Payne, M.D.</b> (Degree or title)		23b. ADDRESS <b>1515 Lafayette Avenue</b>	
23c. DATE SIGNED <b>5-29-52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>June 2 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>P. Miceli &amp; Sons</b>	
25. ADDRESS <b>1150 N. Kingshighway</b>		DATE REC'D BY LOCAL REG. <b>MAY 31 1952</b>	

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 Me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer .

Signed E. J. Simulas

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.