

FILED MAY 19 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 18392  
Registrar's No. 4027

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>4027</b>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri.</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>2 yrs. 5 mos.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR CITY <b>St. Louis</b>		<b>2139</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Infirmary Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>13 5300. Reber Ave. St.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mario</b>		b. (Middle)		c. (Last) <b>Parisi</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 27, 1952.</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>	8. DATE OF BIRTH <b>About 1878</b>		9. AGE (In years last birthday) <b>73?2</b>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Italy.</b>		12. CITIZEN OF WHAT COUNTRY? <b>Italy</b>	
13a. FATHER'S NAME <b>John Parisi</b>		13b. MOTHER'S MAIDEN NAME <b>Agata Raspina</b>		14. NAME OF HUSBAND OR WIFE <b>Concetta</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>City Infirmary Records, 5800 Arsenal St.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>arteriosclerotic heart disease</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis, general</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>2 yr +</b> <b>2 yr +</b>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4200</b>			
22. I hereby certify that I attended the deceased from <b>July 1, 1951</b> , to <b>April 27, 1952</b> , that I last saw the deceased alive on <b>Apr. 27, 1952</b> , and that death occurred at <b>11:37 P.M.</b> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>William M. Sweeney MD</b>				23b. ADDRESS <b>5600 Arsenal Street.</b>		23c. DATE SIGNED <b>4/27/52.</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>5-1-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>		
DATE REC'D BY LOCAL REG. <b>APR 29 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b> <b>MOB</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Calcaterra Funeral Home, 5140 Daggett</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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*J. Wm. Bentley*

Licensed Embalmer No. 9653

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.