

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21695

State File No. ....

JUL 9 1952

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1003

5921

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2269	
c. LENGTH OF STAY (in this place) 55 years		d. STREET ADDRESS (If rural, give location) 1919 Warren Street 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Brothers Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Domenico b. (Middle) (Aello) c. (Last) Aiello		4. DATE OF DEATH (Month) (Day) (Year) June 21st 1952	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov 5, 1883
9. AGE (in years last birthday) 68	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY W. Viviano & Sons	
11. BIRTHPLACE (City and State or Foreign Country) Italy 3		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Mike Aiello		13b. MOTHER'S MAIDEN NAME Rosalie Leone	
14. NAME OF HUSBAND OR WIFE Maria Aiello			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No		16. SOCIAL SECURITY NO. 499-23-9520	
17. INFORMANT'S SIGNATURE OR NAME Mike Aiello		ADDRESS 1924 No. Market St	
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) <i>Coronary Thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 yr.</i>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>acute Cardiac Failure</i>		<i>4 days</i>	
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 <i>6/18/52</i>	19b. MAJOR FINDINGS OF OPERATION <i>Hepatic Corrosion &amp; Abscess - Paralytic Illness</i>		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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>5810</i>
22. I hereby certify that I attended the deceased from <i>June 16, 1952</i> , to <i>June 21, 1952</i> , that I last saw the deceased alive on <i>June 20, 1952</i> , and that death occurred at <i>8 a. m.</i> , from the causes and on the date stated above.			
22a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS <i>1901 Madison St</i>	
23c. DATE SIGNED <i>6/23/52</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>June 26, 52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Calvary</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri</i>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 25 1952 <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>[Signature] 1431 Union Bl</i>	

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 Estou R. H. Remelius

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.