V.S. No. 300
Rev. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 31 1952

State File No. 25635

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7010

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

1. PLACE OF DEATH
a. COUNTY: 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Missouri
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jewish Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: New York
b. COUNTY: Kings 8310
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brooklyn 8
d. STREET ADDRESS (If rural, give location): 133 Hegeman

3. NAME OF DECEASED (Type or Print)
a. (First): Salvatore
b. (Middle):
c. (Last): Cacciatore

4. DATE OF DEATH (Month) (Day) (Year): July 19, 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: March 1 1901
9. AGE (In years last birthday): 51 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber
10b. KIND OF BUSINESS OR INDUSTRY: Barbering
11. BIRTHPLACE (City and State or Foreign Country): Italy 5
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Joseph Cacciatore
13b. MOTHER'S MAIDEN NAME: Anita Lumia
14. NAME OF HUSBAND OR WIFE: Sarah Cacciatore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): Nil
16. SOCIAL SECURITY NO.: 109-09-8756
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Sarah Cacciatore, Brooklyn, N.Y.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral hydrothorax; Subdural hemorrhage; Multiple fractures. suffered when car operated by deceased went out of control on U.S. Hwy #66 near St Clair Mo about

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

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: 935 am July 11 1952 Accident
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hwy
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): near St Clair Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 11 52 9 35 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 000 E8234

22. *I hereby certify that I attended the deceased from* 3 *, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 825 A *m., from the causes and on the date stated above.* 32

23a. SIGNATURE (Degree or title): Patrick E Taylor Coroner
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 7/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 5
24b. DATE: 7-19-52
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): New York City, New York

DATE REC'D BY LOCAL REG.: JUL 21 1952
REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. 5.0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Albert H. Hoppe, 4700 Washington

(Licensed Embalmer's Statement on Reverse Side)

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 Elton 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.