S. No. 300
v. 10-48

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

State File No. 29801

FILED AUG 15 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7224

**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): St. Louis City Hospital #1

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri. b. COUNTY: 2269
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 0
d. STREET ADDRESS (If rural, give location): 26 1946a Palm Street

**3. NAME OF DECEASED** (Type or Print)
a. (First): PHILIP b. (Middle): J. c. (Last): MERCURIO

**4. DATE OF DEATH** (Month) (Day) (Year): JULY 27 1952

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Dec. 5, 1883
**9. AGE** (In years last birthday): 68 — 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): Park Watchman
**10b. KIND OF BUSINESS OR INDUSTRY**: City of St. Louis
**11. BIRTHPLACE** (City and State or Foreign Country): St. Louis, Mo. 0
**12. CITIZEN OF WHAT COUNTRY?**

**13a. FATHER'S NAME**: Joe Mercurio.
**13b. MOTHER'S MAIDEN NAME**: Clara Mercurio
**14. NAME OF HUSBAND OR WIFE**: Ethel Mercurio.

**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** ADDRESS: Ethel Mercurio, 1946a Palm Street

**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) ENCEPHALOMALACIA

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

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?** 334X

**22.** *I hereby certify that I attended the deceased from* 7-23-52, 19__, *to* 7-27-52, 19__, *that I last saw the deceased alive on* 7-27-52, 19__, *and that death occurred at* 11:50P.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): H. A. Gibbs Jr. M.D.
**23b. ADDRESS**: 1515 Lafayette Avenue
**23c. DATE SIGNED**: 7-28-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: July 30, 1952
**24c. NAME OF CEMETERY OR CREMATORY**: Calvary Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Louis, Mo.

**DATE REC'D BY LOCAL REG.**: JUL 28 1952
**REGISTRAR'S SIGNATURE**: J. Earl Smith, M.D. G.P.
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Leidner Und. Co. 2223 St. Louis Ave.,

(Licensed Embalmer's Statement on Reverse Side)

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 John P. Buckholz

Licensed Embalmer No. 1674

P. O. Address 5223 St Louis Ave.

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.