

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34637**

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 2020 Registrar's No. 151

| | | | |
|---|-------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Franklin</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Ferguson</u> | |
| c. LENGTH OF STAY (In this place) <u>45 min.</u> | | d. STREET ADDRESS (If rural, give location) <u>9851 Medford Drive</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u> | | | |
| 3. NAME OF DECEASED a. (First) <u>SALVATOR</u> b. (Middle) _____ c. (Last) <u>ROMANO</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>October 19 1952</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> | 8. DATE OF BIRTH <u>Dec. 1, 1897</u> |
| 9. AGE (In years last birthday) <u>54</u> | | 10. KIND OF BUSINESS OR INDUSTRY <u>XX</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Italy</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>XX</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u> | |
| 16. SOCIAL SECURITY NO. <u>XX</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mr. John A. Romano</u> ADDRESS <u>9851 Medford Drive</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Punch wound to right chest.</u> INTERVAL BETWEEN ONSET AND DEATH _____ *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>E9198</u> <u>43</u> | | | |
| 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) <u>Accident</u> | |
| 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Barberhouse</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Leslie Franklin Mo.</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 19 1952 11 A.</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR <u>Shotgun accidentally discharged</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>Oct 19 1952</u> , to <u>Oct 19 1952</u> , that I last saw the deceased alive on <u>Oct 19 1952</u> , and that death occurred at <u>1:00 p.</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>J. Marshall M.D.</u> | | 23b. ADDRESS <u>Washington, Mo.</u> | |
| 23c. DATE SIGNED <u>Oct 19, 1952</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | |
| 24b. DATE <u>10/22/52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Math Hermann & Son Inc.</u> ADDRESS <u>2161 E. Fair Ave.</u> | |
| DATE REC'D BY LOCAL REG. <u>Oct. 20, 1952</u> | | REGISTRAR'S SIGNATURE <u>77-0</u> | |

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

5964
0

MAR 25 1953

DEC 17 1952

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 Glenn Hatz

Licensed Embalmer No. 3737

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.