

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36786  
Registrar's No. 9670

FILED NOV 14 1952

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

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>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jennings</b> <b>4/3?</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Johns Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1903 Mc Laran Ave</b>	
3. NAME OF DECEASED a. (First) <b>Nicolo</b> b. (Middle) <b>(Nick)</b> c. (Last) <b>Romano</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 20 1952</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 11 1889</b>
9. AGE (In years last birthday) <b>63</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Bakery</b>	11. BIRTHPLACE (State or foreign country) <b>Mazzara Del Valle Italy</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Baker</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Giuseppe Romano</b>		13b. MOTHER'S MAIDEN NAME <b>Rosa Evola</b>	14. NAME OF HUSBAND OR WIFE <b>Lena Romano</b>
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 <b>Lena Romano 1903 McLaran</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive Heart Failure</b> INTERVAL BETWEEN ONSET AND DEATH <b>36 hrs</b> ANTECEDENT CAUSES DUE TO (b) <b>aplastic anemia</b> <b>6 wks</b> DUE TO (c) <b>degenerative splenitis</b> <b>6 wks</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Tumor abdominal retroperitoneal</b> <b>8 wks</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? <b>2981</b>	
22. I hereby certify that I attended the deceased from <b>Oct 11, 1952</b> , to <b>Oct 20, 1952</b> , that I last saw the deceased alive on <b>Oct 20, 1952</b> , and that death occurred at <b>2:45 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>W.D. Deanger M.D.</b>		23b. ADDRESS <b>4952 Maryland</b>	23c. DATE SIGNED <b>10/20/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct. 23, 52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Missouri</b>
DATE REC'D BY LOCAL REG. <b>OCT 21 1952</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>P. Miceli &amp; Sons 1150 N. Kingshighway</b>	

FEB 24 1956

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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 Anthony J. Miceli

Licensed Embalmer No. 4277

P. O. Address \_\_\_\_\_

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.