No. 300
10.46

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

FILED DEC 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40049
Registrar's No. 10561

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St.Louis
c. LENGTH OF STAY (In this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5207 Ridge Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St.Louis 2069
d. STREET ADDRESS (If rural, give location) 5207 Ridge Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) John
b. (Middle) F.
c. (Last) Capestro

4. DATE OF DEATH (Month) (Day) (Year) Nov.15,1952

5. SEX M.
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.
8. DATE OF BIRTH July 1,1882
9. AGE (In years last birthday) 70 — If under 1 year: Months 4, Days 14 — If under 24 hrs.: Hours, Min.

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

13a. FATHER'S NAME John Capestro
13b. MOTHER'S MAIDEN NAME Theresa Flori
14. NAME OF HUSBAND OR WIFE Mrs.Rose Capestro

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 492-07-8073
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs.Rose Capestro,5207 Ridge Ave.

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arthritis

DUE TO (c) Myocarditis

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
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? 4221

22. *I hereby certify that I attended the deceased from* — *,* 19 49 *, to* Nov 15 *,* 19 52 *that I last saw the deceased alive on* _____ *,* 19____ *, and that death occurred at* 7 a. *m., from the causes and on the date stated above.*

23a. SIGNATURE Thos C Wimbish (Degree or title)
23b. ADDRESS 508 N Grand
23c. DATE SIGNED 11/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov.18,1952
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
24d. LOCATION (City, town, or county) (State) St.Louis,Mo.

DATE REC'D BY LOCAL REG. NOV 17 1952
REGISTRAR'S SIGNATURE J. Earl Smith, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arthur J. Donnelly, 3840 Lindell Blvd.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Thos. C. Winston
508 N. Grand.

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 Wm S Sadler

Licensed Embalmer No. 4699

P. O. Address St. Charles 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.