

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11359**
2010

FILED MAR 18 1953

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

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</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 OR TOWN <u>St. Louis</u> | c. LENGTH OF STAY (in this place) <u>3 DAYS</u> | c. CITY OR TOWN <u>St. Louis</u> <u>2159</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Infirmiry Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>15 4324 Tholozan St.</u> | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>JOSEPH</u> | b. (Middle) <u>(Gioachino)</u> | c. (Last) <u>CARRETTONI</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>2 20 1953</u> |
|-------------------------------------|--------------------------|--------------------------------|-----------------------------|--|

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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>6-15-1883</u> | 9. AGE (In years last birthday) <u>69</u> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Mins. |
|--------------------|-------------------------------|---|-----------------------------------|---|------------------------|----------------------|-----------------------|-----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER (UNEMPLOYED)</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>Italy</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
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| 13a. FATHER'S NAME <u>Angelo Carrettoni</u> | 13b. MOTHER'S MAIDEN NAME <u>Lillie ?</u> | 14. NAME OF HUSBAND OR WIFE <u>Leona Carrettoni</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u> | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>City Infirmiry - 5800 Arsenal St.</u> |
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| 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, asphemia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hepatic Cancerosis</u> | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>diabetes mellitus</u> | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>5810</u> |
|--|--|--|

22. I hereby certify that I attended the deceased from Feb. 17, 1953, to Feb. 20, 1953, that I last saw the deceased alive on Feb. 20, 1953, and that death occurred at 7:35 Am., from the causes and on the date stated above.

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|---|--------------------------------------|---------------------------------|
| 23a. SIGNATURE <u>William M.weeney MD</u> (Degree or title) | 23b. ADDRESS <u>5600 Arsenal St.</u> | 23c. DATE SIGNED <u>2/20/53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | 24b. DATE <u>2-23-1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION CEM</u> | 24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO. MO</u> |
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| DATE REC'D BY LOCAL REG. <u>FEB 20 1953</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>KRIEG SHAUSER 4278 S. KING & SHIGAWAY</u> |
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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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.