No. 300
10.48

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

FILED MAR 31 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

11474

State File No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2733

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) 9 mos 8 dy
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) City Infirmary Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
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) 5937 a Ridge St. 6

3. NAME OF DECEASED (Type or Print)
a. (First) IGNATIUS
b. (Middle)
c. (Last) DISGRISPINO

4. DATE OF DEATH (Month) 3 (Day) 11 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug. 24, 1905
9. AGE (In years last birthday) 47 — 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) Manager at
10b. KIND OF BUSINESS OR INDUSTRY Food Center
11. BIRTHPLACE (City and State or Foreign Country) Louisiana
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Sam Disgrispino
13b. MOTHER'S MAIDEN NAME Rose Biondo
14. NAME OF HUSBAND OR WIFE Sarah Disgrispino

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. ?
17. INFORMANT'S SIGNATURE OR NAME City Infirmary — **ADDRESS** 5800 Arsenal St.

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) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days

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

DUE TO (b) and Circulatory collapse with pneumonia — 12-4-51

DUE TO (c) Diffuse encephalopathy — 12-4-51

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death* Post operative subdural hematoma right.

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? 7818

22. *I hereby certify that I attended the deceased from* 6/3/ *, 19*52*, to* 3/11/ *, 19*53 *that I last saw the deceased alive on* 3/11 *, 19*53*, and that death occurred at* 12.05A *m., from the causes and on the date stated above.*

23a. SIGNATURE George Esker, M.D. (Degree or title)
23b. ADDRESS 5600 Arsenal
23c. DATE SIGNED 3/11/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Mar. 14/53
24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.,
24d. LOCATION (City, town, or county) St. Louis, Mo. (State)

DATE REC'D BY LOCAL REG. MAR 12 1953
REGISTRAR'S SIGNATURE J Carl Smith MD
MJB
25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark **ADDRESS** 1125 Hodiamont Ave.,

(Licensed Embalmer's Statement on Reverse Side)

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 Alfred J. Boedeker

Licensed Embalmer No. 2663

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.