

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15622  
Registrar's No. 4272

FILED MAY 14 1953  
BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1008

1. PLACE OF DEATH a. COUNTY <del>St. Louis</del>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo 4, Mo, 24 days		c. CITY OR TOWN St. Louis Mo	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary Hospital		e. STREET ADDRESS (If rural, give location) 5657 Enright 2059	
3. NAME OF DECEASED (Type or Print) a. (First) Catherine b. (Middle) c. (Last) Di Salvo		4. DATE OF DEATH (Month) (Day) (Year) 4 22 53	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH Nov. 20, 1868
9. AGE (In years last birthday) 84		10. IF UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Agrigento Italy 5		12. CITIZEN OF WHAT COUNTRY? Italy	
13a. FATHER'S NAME ? Indelicate Alfonso		13b. MOTHER'S MAIDEN NAME <del>Indelicate</del> Croce Marino	
14. NAME OF HUSBAND OR WIFE Cologero DiSalvo			
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 Charles DiSalvo		ADDRESS 5657 Enright	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerosis, general  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH yrs	
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 <input type="checkbox"/> NO <input checked="" 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? 4500	

22. I hereby certify that I attended the deceased from 11/20, 19 52, to 4/22, 19 53, that I last saw the deceased alive on 4/22, 19 53, and that death occurred at 10:30 AM, from the causes and on the date stated above.

23a. SIGNATURE William M. Sullivan (Degree or title)		23b. ADDRESS 5600 Arsenal St-		23c. DATE SIGNED 4/22/53	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE April 27, 1953		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Louis Mo.	

DATE REC'D BY LOCAL REG. APR 25 1953		REGISTRAR'S SIGNATURE Paul Smith R.D. No. 1		25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS P. Miceli 1150 No. Inghighway	
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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.....  
Signature of Student Embalmer

Signed *Eleonora Penelau*

Licensed Embalmer No. *4283*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.