

FILED JUN 4 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19713

5094

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY OR TOWN <u>St Louis</u>		a. STATE <u>Missouri</u> b. COUNTY	
c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital 2267</u>		d. STREET ADDRESS (If rural, give location) <u>1531a Warren St.</u>	

3. NAME OF DECEASED (Type or Print) <u>Stella</u>	a. (First)	b. (Middle)	c. (Last) <u>Moroso</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 18 1953</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 28, 1895</u>	9. AGE (In years last birthday) <u>58</u>	10 UNDER 1 YEAR Months	11 UNDER 1 HR. Hours	12 UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pecan Sheller</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>P.E. Funsten</u>	11. BIRTHPLACE (State or foreign country) <u>Poland</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Adam Mackowski</u>	13b. MOTHER'S MAIDEN NAME <u>Emily Krajeski</u>	14. NAME OF HUSBAND OR WIFE <u>Albert Moroso Deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>497-05-2355</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Virginia Moroso</u>	ADDRESS <u>4250 N. 21st 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral embolism</u>		<u>4 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>auricular fibrillation</u> DUE TO (c) <u>Rheumatic Heart disease - yrs.</u> <u>(Mitral Stenosis)</u>		<u>2 mo.</u>
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"/>
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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>410X</u>
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22. I hereby certify that I attended the deceased from Jan 15, 1953, to May 18, 1953, that I last saw the deceased dying on May 17, 1953, and that death occurred at 7:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Heckert H. Siesener</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>408 Heimbaldt Bldg</u>	23c. DATE SIGNED <u>5/19/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>May 21, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u>
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DATE REC'D BY LOCAL REG. <u>MAY 20 1953</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Central Funeral Home</u>	ADDRESS <u>5541 Riverview Bl.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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

Signature

*Ben Hoffman*

Licensed Embalmer No. *4366*

P. O. Address *Hous 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.