No. 300
10.48

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

FILED JUN 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23020

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5731

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Missouri
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis City 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
d. STREET ADDRESS (If rural, give location): 1446 Cass

3. NAME OF DECEASED (Type or Print): a. (First) JIM b. (Middle) Matranga c. (Last) [redacted]

4. DATE OF DEATH (Month) MAY (Day) 22, (Year) 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH June 21, 1890

9. AGE (In years last birthday): 62 If under 1 year: Months Days If under 1 hr.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country): Italy

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Jimmie

13b. MOTHER'S MAIDEN NAME Iganats

14. NAME OF HUSBAND OR WIFE

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 Hospital Record ADDRESS

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) arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: yrs.

ANTECEDENT CAUSES

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

DUE TO (b)

DUE TO (c)

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 lumbar sympathectomy for gangrene

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?

4200

22. *I hereby certify that I attended the deceased from* 4-8-53, 19___, *to* 5-22-53, 19___, *that I last saw the deceased alive on* 5-22-53, 19___, *and that death occurred at* 12:05P m., *from the causes and on the date stated above.*

23a. SIGNATURE C. Luer, M.D. (Degree or title)

23b. ADDRESS 1515 Lafayette Avenue

23c. DATE SIGNED 5-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE JUNE-10-53

24c. NAME OF CEMETERY OR CREMATORY CALVARY

24d. LOCATION (City, town, or county) ST LOUIS (State) MO

DATE REC'D BY LOCAL REG. JUN 9 1953

REGISTRAR'S SIGNATURE J. Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE Cullen-Kelly ADDRESS 4386 Findell

MDB

(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 a~~ Stude
at College of Mortuary Science, Student Embalmer No. .....
working under my personal supervision.

Student .....
Student Embalmer

Signed Ralph W. Hemon
Licensed Embalmer No. 3791
P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
City of St. Louis }

State File No. 23020
Local Registrar's No. 5731

AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 1953, before me appears Cullen-Kelly, who, upon their oath, states that the original record of ~~birth~~ death for Jim Matranga died May 22, 1953 in the State of Missouri, and which was filed at St. Louis, Mo. on 6-9-, 1953, should be corrected as follows:

Item No. 3 should read Jim Matranga
Instead of Jim Mantraga
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
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Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Cullen Kelly By J. A. Lammersp Undtl
Relationship.

4386 Lindell, St. Louis, Missouri
Present Address.

Subscribed and sworn to before me this 10th day of July, 1953

My Commission expires 3-4-57 Ella C. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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