

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

30396  
7086

No. 300  
10. 48  
FILED AUG 30 1953

State File No. 1003  
Registrar's No. 7086

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY 2169	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) No 3818a Gravois Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital			
<b>3. NAME OF DECEASED</b> (Type or Print) SADIE		a. (First)	b. (Middle)
		c. (Last) SAPUTO	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) July 19 1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Oct. 2, 1893
			9. AGE (In years last birthday) 59
			IF UNDER 1 YEAR Days
			IF UNDER 24 HRS. Hours
			IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress-Greenberg Garment Co.		10b. KIND OF BUSINESS OR INDUSTRY	
		11. BIRTHPLACE (City and State or Foreign Country) Italy 5	
13a. FATHER'S NAME Mark Randazzo		13b. MOTHER'S MAIDEN NAME Antoinette LaFata	14. NAME OF HUSBAND OR WIFE Late Peter Saputo
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph Saputo 3818a Gravois Ave.

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Edema DUE TO (c) Cardiac Hypertrophy	
		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 checked="" type="checkbox"/> NO <input 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) 434.3	
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	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:50 P.M., from the causes and on the date stated above.			
23a. SIGNATURE Patrick E. Taylor, M.D.		23b. ADDRESS 1500 Clark	23c. DATE SIGNED 7.20.53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 22, 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. JUL 20 1953	REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.	

E.P. (Licensed Embalmer's Statement on Reverse Side)

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 *William B. White*.....

Licensed Embalmer No. *57281*..

P. O. Address *4220 N. King*..

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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 30396  
Local Registrar's No. 7086

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

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 27th day of July, 1953, before me appears.....

Joseph Saputo, who, upon his oath, states that the original record of ~~birth~~ <sup>death</sup>

for Sadie Saputo, ~~born~~ <sup>died</sup> July 19, 1953, in the State of Missouri, and which was filed at St. Louis, Mo. on July 20, 1953, should be corrected as follows:

Item No. 8 should read Oct. 2-1893

Instead of Oct. 2-1892

Item No. 9 should read 59 yrs.

Instead of 60 yrs.

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

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 Joseph Saputo Informant  
Relationship Informant

3818a Gravois St. Louis, Mo.  
Present Address.

*Pawley*

Subscribed and sworn to before me this 27th day of July, 1953.

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

