

FILED SEP 24 1953

STANDARD CERTIFICATE OF DEATH

33194

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8182**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>St. Louis</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>4758a Alabama</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Robert</b> b. (Middle) <b>M.</b> c. (Last) <b>FINAZZO</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 22, 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Jan 5, 1919</b>
9. AGE (In years last birthday) <b>34</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Jeweler</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Ill. Chicago</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME	
13b. MOTHER'S MAIDEN NAME <b>Ruth</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Finazzo</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>unknown</b>		16. SOCIAL SECURITY NUMBER <b>48972-0918</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Record room per Record J.R.</b>		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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Berry Aneurysm Rupture</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertensive Cardio-Vasc Disease</b>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		<b>331X</b>	
22. I hereby certify that I attended the deceased from <b>Aug 20, 1953</b> to <b>Aug 22, 1953</b> , that I last saw the deceased alive on <b>Aug 22, 1953</b> , and that death occurred at <b>3:24Am.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>James B. Stubbins, Jr. M.D.</b>		23b. ADDRESS <b>City Hosp</b>	
23c. DATE SIGNED <b>8-23-53</b>		24a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>Aug. 25, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>P. Miceli</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>		ADDRESS <b>1150 No. Kingshighway</b>	

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.....  
Signature of Student Embalmer

Signed *Philip A. Miceli*.....

Licensed Embalmer No. *4422*.....

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.