

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

45237

FILED JAN 19 1954

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 12439

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>2077</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS, MISSOURI</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>1516 E. GRAND AVE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>ST. LOUIS CITY HOSPITAL</u>		9	
3. NAME OF DECEASED (Type or Print) a. (First) <u>BEN</u> b. (Middle) _____ c. (Last) <u>CENATIEMPO</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DECEMBER 31, 1953</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>10/11/1884</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PORTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DAY BRIGHT</u>	9. AGE (In years) (last birthday) <u>69</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 10 HRS.: Hours _____ Min. _____
11. BIRTHPLACE (City and State or Foreign Country) <u>ITALY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOSEPH CENATIEMPO</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET NAPOLEAN</u>	
14. NAME OF HUSBAND OR WIFE <u>ANNA CENATIEMPO</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>JOSEPH CENATIEMPO</u>		ADDRESS <u>8021 FREDERICK</u>	
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 BADEN MO. INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bleeding esophageal varices</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Laennec's cirrhosis</u>			
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 <u>12/31/53</u>		19b. MAJOR FINDINGS OF OPERATION <u>nodular liver + varices of stomach + esophagus</u>	
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) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>5811</u>			
22. I hereby certify that I attended the deceased from <u>12-30-53</u> , 19____, to <u>12-31-53</u> , 19____, that I last saw the deceased alive on <u>12-31-53</u> , 19____, and that death occurred at <u>9:50P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Alan S. Harty MD</u> (Degree or title)		23b. ADDRESS <u>1515 Lafayette Avenue</u>	
23c. DATE SIGNED <u>1-2-54</u>			
24a. BURIAL & CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1/6/54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>JAN 6 1954</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl Smith MD</u> ADDRESS <u>STROOT - CARROLL 4600 NATURAL BRIDGE AVE</u>	

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 *M. W. Ruter*.....

Licensed Embalmer No. *4865*

P. O. Address *St Louis*.....

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.