

FILED JAN 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3220

318

1003

Registrar's No. 0167

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI		c. LENGTH OF STAY (in this place) _____		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"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: ST. LOUIS CITY HOSPITAL				e. STREET ADDRESS (If rural, give location) 4152 Lafayette Ave					
3. NAME OF DECEASED (Type or Print) JAMES		a. (First) Giroloma		b. (Middle) (Jr)		c. (Last) ROMEO			
4. DATE OF DEATH JANUARY-6, 1954		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			
8. DATE OF BIRTH Jan. 6, 1884		9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City Employee		11. BIRTHPLACE (City and State or Foreign Country) Italy			
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME Girolamo Romeo		13b. MOTHER'S MAIDEN NAME Angela Barbera		14. NAME OF HUSBAND OR WIFE Fara Romeo			
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. 355-03-2942		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fara Romeo 4152 Lafayette Ave					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>This does not mean mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion 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 Chronic brain syndrome assoc. with cerebral arteriosclerosis *Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21f. HOW DID INJURY OCCUR? 4201			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from 12-11-53, 19 , to 1-6-54, 19 , that I last saw the deceased alive on 1-6-54, 19 , and that death occurred at 10:50Pm. , from the causes and on the date stated above.					
23a. SIGNATURE Kathleen Smith		(Degree or title) MD		23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 1-7-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 9, 1954		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri			
DATE REC'D BY LOCAL REG. JAN 8 1954		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS P. Miceli & Sons Inc 1150 N. Kingshighway					

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

Case by Dr. J. Carl Smith

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 *J. Wm. Binkley*.....

Licensed Embalmer No. *36*

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.