

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 26 1954

| | | | | | | | |
|---|--|---|--|---|--|--|--|
| BIRTH NO. | | REG. DIST. NO. <u>317</u> | | PRIMARY REG. DIST. NO. <u>5411</u> | | Registrar's No. <u>134</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>St. Louis</u> b. COUNTY <u>St. Louis</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton D.D.A.</u> | | c. LENGTH OF STAY (In this place) <u>3</u> | | c. CITY OR TOWN <u>Overland</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>County Hospital</u> | | | | e. STREET ADDRESS (If rural, give location) <u>2424 Hartland</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Giuseppe</u> | | | b. (Middle) | | | c. (Last) <u>Montalbano</u> | |
| 4. DATE OF DEATH (Month) <u>Jan.</u> (Day) <u>13,</u> (Year) <u>1954</u> | | 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | |
| 8. DATE OF BIRTH <u>Sept 2, 1883</u> | | 9. AGE (In years, last birthday) <u>70</u> | | 10. UNDER 1 YEAR Months <u>0</u> Days <u>0</u> | | 11. UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired (unsk)</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Barrel Maker</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Castdivitrano Italy</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Anthony Montalbano</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Ann Titone</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Anna Montalbano</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>unb.</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Anna Montalbano 2424 Hartland Ave.</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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION "DIRECTLY LEADING TO DEATH" (a) <u>Cerebral Hemorrhage - Apoplexy</u> ANTECEDENT CAUSES <u>Hypertension</u> Morbidity conditions, if any, leading up to (b) <u>Arteriosclerosis</u> rise to the above cause (c) <u>causing the underlying cause last.</u> DUE TO (c) <u>Cerebrovascular Renal Crisis</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2</u> | |
| 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) <u>4428</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 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 <u>11-25-53</u> , 19 <u>53</u> , to <u>1-13-54</u> , that I last saw the deceased alive on <u>1-13</u> , 19 <u>54</u> , and that death occurred at <u>11</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Dr. E. J. ...</u> | | | | 23b. ADDRESS <u>7335 ...</u> | | 23c. DATE SIGNED <u>1-15-54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>Jan 16, 1954</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | | 24d. LOCATION (City, town, or County) (State) <u>St. Louis, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>1/15/54</u> | | REGISTRAR'S SIGNATURE <u>Harold ...</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>P. Miceli 1150 No. Kingshighway</u> | | | |

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 *John J. Haines*.....
Licensed Embalmer No. *410*.....
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.