

STANDARD CERTIFICATE OF DEATH

State File No. 6580

FILED MAR 4 1954

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1198

1. PLACE OF DEATH: a. COUNTY b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place) 9 days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2107

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Chronic Hospital

c. CITY OR TOWN St. Louis. d. Is Residence within limits of a city or incorporated town? Yes No

3. NAME OF DECEASED a. (First) Anna b. (Middle) c. (Last) Mistretta

e. STREET ADDRESS (If rural, give location) 10 4160a Farlin Ave.

4. DATE OF DEATH (Month) (Day) (Year) Feb. 5, 1954.

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2

8. DATE OF BIRTH 3-13-1892

9. AGE (In years last birthday) (Specify) 61

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Italy 5

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME ??Bommarito

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Frank

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.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS ROSE ANN BURCHARD 4160A. FARLIN AVE.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Carcinomatosis (origin unknown) 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 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO [X]

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) (Minute)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 1999

22. I hereby certify that I attended the deceased from January 27, 1954, to Feb. 5, 1954, that I last saw the deceased alive on Feb. 5, 1954, and that death occurred at 10:00a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Henry Esker M.D.

23b. ADDRESS 5600 Arsenal

23c. DATE SIGNED 2/5/54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 1-8-54

24c. NAME OF CEMETERY OR CREMATORY CALVARY

24d. LOCATION (City, town, or county) (State) ST. LOUIS MO

DATE REC'D BY LOCAL REG. FEB 8 1954

REGISTRAR'S SIGNATURE J. Carl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT * CARROLL 4600 NAT. BRIDGE

(Licensed Embalmer's Statement on Reverse Side)

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

1951
9 MAY

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. Rueter*.....

Licensed Embalmer No. *48*.....

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

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.