

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **7155**

BIRTH CO. **FILED FEB 18 1954** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **546** Registrar's No. **304**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>9561ackland</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Overland (14) MO</b>		c. CITY OR TOWN <b>Overland</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>1 MONTH</b>		e. STREET ADDRESS (If rural, give location) <b>2413 Walton Rd.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Sackland Nursing Home</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) <b>Charles</b>	a. (First) <b>MM: Nicastro</b>	b. (Middle)	c. (Last)	<b>4. DATE OF DEATH</b> (Month) <b>Feb.</b> (Day) <b>2</b> (Year) <b>1954</b>
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<b>5. SEX</b> <b>M</b>	<b>6. COLOR (R RACE)</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> <b>married</b>	<b>8. DATE OF BIRTH</b> <b>April 4, 1885</b>	<b>9. AGE</b> (In years last birthday) <b>69</b>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 HR. Hours	# UNDER 1 HR. Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Retired - LABORER</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>labor - odd jobs</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>San Giuseppe Jato Italy</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>Italy</b>
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<b>13a. FATHER'S NAME</b> <b>Gaetano Nicastro</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Providenza Marchione</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Vita Nicastro</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>UNKNOWN</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Vita Nicastro</b>	<b>ADDRESS</b> <b>2413 Walton Rd.</b>
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<b>18. CAUSE OF DEATH.</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>MONTH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>CARCINOMA of lung.</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Multiple METASTASES.</b>		<b>MONTH.</b>	

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>No Operation</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (a. In or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>163X</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from Dec, 1953, to DEATH, 19  , that I last saw the deceased alive on 31 JAN, 1954, and that death occurred at 6:42 P m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>Paul R. White</b>	(Degree or title) <b>M.D.</b>	<b>23b. ADDRESS</b> <b>8923 Midland, St. Louis (14) Mo</b>	<b>23c. DATE SIGNED</b> <b>2 Feb. 1954</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Entombment</b>	<b>24b. DATE</b> <b>Feb. 5, 1954</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Calvary Mausoleum</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>2-3-54</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Herbert R. Dombke M.D.</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>P. Miceli</b>	<b>ADDRESS</b> <b>1150 No. Kingshighway</b>
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SW (Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

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 *Anthony J. Muelh*.....  
Licensed Embalmer No. *4277*.....  
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.