

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24351

State File No.

5988

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** 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) St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis,	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 5239 Botanical Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital.		13. 2139	

3. NAME OF DECEASED (Type or Print)	a. (First) Louis	b. (Middle)	c. (Last) Calcaterra	4. DATE OF DEATH (Month) (Day) (Year) Jul. 1, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 7, 1882	9. AGE (in years) (Month) (Day) (Hour) (Min.) 71	10. UNDER 1 YEAR Months	11. UNDER 24 HRS. Hours	12. UNDER 48 HRS. Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer	10b. KIND OF BUSINESS OR INDUSTRY Brick Work	11. BIRTHPLACE (City and State or Foreign Country) Italy	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Stephano Calcaterra	13b. MOTHER'S MAIDEN NAME Julia (Unk)	14. NAME OF HUSBAND OR WIFE Francesca Calcaterra (DCS)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No.	16. SOCIAL SECURITY NO. 489-01-5902	17. INFORMANT'S SIGNATURE OR NAME Theresa Ronciglio, 5239 Botanical,	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 151X
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22. I hereby certify that I attended the deceased from **4-19, 1954**, to **7-1, 1954**, that I last saw the deceased alive on **6-30, 1954**, and that death occurred at **2:30** p.m., from the causes and on the date stated above.

23a. SIGNATURE Charles Montan, MD	(Degree or title)	23b. ADDRESS 5147 Daggett Ave	23c. DATE SIGNED 7-1-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7-3-54	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.	24d. LOCATION (City, town, or county) (State) St. Louis, County, Mo.
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DATE REC'D BY LOCAL REG. JUL 2 1954	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Paul C. Calcaterra	ADDRESS 5140 Daggett Ave
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(Licensed Embalmer's Statement on Reverse Side)

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

