

STANDARD CERTIFICATE OF DEATH

32203
8027

State File No.
Registrar's No.

FILED SEP 16 1954

BIRTH NO. 19636-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

| | | | |
|---|----------------------------------|--|---|
| 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 | | c. LENGTH OF STAY (in this place) 6 mos. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION. 5885a Terry Ave. | | e. STREET ADDRESS (If rural, give location) 6 5885a Terry Ave. | |
| 3. NAME OF DECEASED a. (First) ANTHONY b. (Middle) MICHAEL c. (Last) SIGNORELLO | | | 4. DATE OF DEATH (Month) (Day) (Year) Aug. 29, 1954. |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married | 8. DATE OF BIRTH Feb. 26, 1954 |
| 9. AGE (In years last birthday) 6 | | 10. MONTHS 6 | 11. HOURS 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13. FATHER'S NAME Joseph S. Signorello | |
| 13a. FATHER'S NAME | | 13b. MOTHER'S MAIDEN NAME Lorraine D. Joyce | 14. NAME OF HUSBAND OR WIFE |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT'S SIGNATURE OR NAME Joseph S. Signorello, 5885a Terry Ave. | | ADDRESS | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation suffered when deceased's head was wedged between the mattress and padding of bed in home about 1:45 PM on August 29, 1954 DUE TO (b) Accident DUE TO (c) Accident 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 checked="" type="checkbox"/> NO <input type="checkbox"/> | | 21a. ACCIDENT - SUICIDE - HOMICIDE (Specify) Accident | |
| 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) See above | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis - Mo. | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) See above | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR See above | | E9240 | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:10 m., from the causes and on the date stated above. 18 | | | |
| 23a. SIGNATURE Joseph M. Deen | | 23b. ADDRESS 1300 Clark | |
| 23c. DATE SIGNED 8/31/54 | | 24. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 24b. DATE 9/1/54. | | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | |
| 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | | 25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz, 4828 Natural Bridge Blvd. | |
| DATE REC'D BY LOCAL REG. UG 31 1954 | | REGISTRAR'S SIGNATURE J. Carl Smith M.D. | |

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..... *Ralph E. Zindler*

Licensed Embalmer No..... 427

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.