

STANDARD CERTIFICATE OF DEATH

FILED OCT 26 1954

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 OR TOWN St. Louis, 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)		e. STREET ADDRESS (If rural, give location) 4256 Washington Ave 219/2	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 4256 Washington, Blyd.			
3. NAME OF DECEASED a. (First) Gaetano (Type or Print)		b. (Middle) (Gus) c. (Last) Arpiani	
5. SEX Male		4. DATE OF DEATH (Month) (Day) (Year) 10-6-1954	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH August 17, 1892		9. AGE (In years last birthday) 62	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waiter		10b. KIND OF BUSINESS OR INDUSTRY Restaurant	
11. BIRTHPLACE (City and State or Foreign Country) Italy		12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME Dediderio Arpiani	13b. MOTHER'S MAIDEN NAME Giovanna Fassina	14. NAME OF HUSBAND OR WIFE Harriette Arpiani
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. I	16. SOCIAL SECURITY NO. 492-10-5488	17. INFORMANT'S SIGNATURE OR NAME Harriette Arpiani, ADDRESS 4256 Washington
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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 1 year
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		
	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 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)
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? 4222

22. I hereby certify that I attended the deceased from Oct 12, 1953, to Oct 6, 1954, that I last saw the deceased alive on Oct 6, 1954, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE: A F Lerner (Degree or title)	23b. ADDRESS: 1259 N. Kings Highway	23c. DATE SIGNED: 10-6-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE: 10-9-54	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. OCT 7 1954	REGISTRAR'S SIGNATURE: J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE: Paul C. Calcaterra ADDRESS: 5140 Daggett Ave.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 10 1954

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 *Robert M. Murray*

Licensed Embalmer No. *374*
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.