

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35222**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8383**

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. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5140 Daggett Ave.		STREET ADDRESS (If rural, give location) 6204 Pernod	

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) A. c. (Last) Ceriotti			4. DATE OF DEATH (Month) (Day) (Year) Sept. 11, 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driver			10b. KIND OF BUSINESS OR INDUSTRY Milk Wagon		
11. BIRTHPLACE (City and State or Foreign Country) Westville, Ill.			12. CITIZEN OF WHAT COUNTRY? U.S.		

13a. FATHER'S NAME Frank Ceriotti		13b. MOTHER'S MAIDEN NAME Caroline Caloia		14. NAME OF HUSBAND OR WIFE Serina	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Serina Ceriotti, 6204 Pernod	

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crossary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH	
		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 checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201	

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 **3:55 P.** m., from the causes and on the date stated above.

23a. SIGNATURE Patricia R. Layla Corcoran (degree or title)		23b. ADDRESS 301 Clark		23c. DATE SIGNED 9-11-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-14-54		24c. NAME OF CEMETERY OR CREMATORY Resurrection	
				24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	

DATE REC'D BY LOCAL HEALTH OFFICER SEP 13 1954		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul C. Calcaterra, 5140 Daggett	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

518 (Licensed Embalmer's Statement on Reverse Side)

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 *Paul M. Murray*.....

Licensed Embalmer No. *3749*.....

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.