

FILED NOV 29 1954

STANDARD CERTIFICATE OF DEATH

State File No. 38534

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10417	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Luke's Hospital				e. STREET ADDRESS (If rural, give location) 26 1934 Hebert.			
3. NAME OF DECEASED (Type or Print)		a. (First) Sam		b. (Middle) Bartolotta		c. (Last) Bartolotta	
4. DATE OF DEATH (Month) (Day) (Year) Nov. 15, 1954		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Sept. 5, 1900		9. AGE (In years last birthday) 54		IF UNDER 1 YEAR Months _____ Days _____		IF OVER 1 RES. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done in the present, preceding life, or last) Machine operator		10b. KIND OF BUSINESS OR INDUSTRY Macaroni		11. BIRTHPLACE (City and State or Foreign Country) Italy		12. CITIZEN OF WHAT COUNTRY? Italy	
13a. FATHER'S NAME Giuseppe Bartolotta		13b. MOTHER'S MAIDEN NAME Francesca artesa		14. NAME OF HUSBAND OR WIFE Mary Bartolotta			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 488-28-2860		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Bartolotta 1934 Hebert.			
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) Carcinoma of stomach ANTECEDENT CAUSES Generalized carcinomatosis 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.				INTERVAL BETWEEN ONSET AND DEATH 6 MOS. 3 MOS.	
19a. DATE OF OPERATION 8/11/54		19b. MAJOR FINDINGS OF OPERATION Generalized carcinomatosis, secondary to the stomach.		19c. carcinoma of		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 182 151X			
22. I hereby certify that I attended the deceased from August , 19 54 , to Nov. 14, 19 54 , that I last saw the deceased alive on Nov. 14, 19 54 , and that death occurred at 1 A.m. , from the causes and on the date stated above.							
23a. SIGNATURE Harold E. Walters Harold E. Walters, M.D.				23b. ADDRESS 508 N. Grand Blvd., St. Louis, Mo.		23c. DATE SIGNED 11/16/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 17, 1954		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. NOV 16 1954		REGISTRAR'S SIGNATURE Clark Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS P. Miceli 1150 No. Kingshighway			

(Licensed Embalmer's Statement on Reverse Side)

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

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 *J. W. Binkley*.....
Licensed Embalmer No. *3657*

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.