

FILED DEC 16 1954

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

1003 State File No. 42124

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10539

1. PLACE OF DEATH  
a. COUNTY  
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St. Louis, Mo.  
c. LENGTH OF STAY (in this place) 3  
d. FULL NAME OF HOSPITAL OR INSTITUTION 3138 Clifton Ave.  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri.  
b. COUNTY  
c. CITY OR TOWN St. Louis.  
d. Is Residence within limits of a city or incorporated town? Yes  No

3. NAME OF DECEASED (Type or Print)  
a. (First) ~~Giotana~~ GAETANA  
b. (Middle) ADRIGNOLA  
c. (Last) ~~Adriagnola~~  
4. DATE OF DEATH (Month) (Day) (Year) Nov. 19, 1954

5. SEX Female  
6. COLOR OR RACE White  
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow  
8. DATE OF BIRTH April 3, 1870  
9. AGE (In years last birthday) 84  
IF UNDER 1 YEAR Months Days  
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife  
10b. KIND OF BUSINESS OR INDUSTRY At Home.  
11. BIRTHPLACE (City and State or Foreign Country) Italy 5  
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Giocoma Glavino  
13b. MOTHER'S MAIDEN NAME Unknown  
14. NAME OF HUSBAND OR WIFE Anthony Adrignola

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.  
16. SOCIAL SECURITY NO. Nil.  
17. INFORMANT'S SIGNATURE OR NAME Jack Adrignola, 3138 Clifton Ave.  
ADDRESS

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Carcinoma metastatic  
ANTECEDENT CAUSES (b) Primary site unknown  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (c) Malnutrition  
2. 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  NO

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) 199.8

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  
21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1950, to Nov 1954, that I last saw the deceased alive on 18 Nov, 1954, and that death occurred at 6:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. F. Calcaterra M.D.  
23b. ADDRESS 2705 Clifton  
23c. DATE SIGNED 19 Nov 54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal  
24b. DATE 11-22-54  
24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery  
24d. LOCATION (City, town, or county) (State) St. Louis, County, Mo.

DATE REC'D BY LOCAL REG. NOV 19 1954  
REGISTRAR'S SIGNATURE J. Carl Smith M.D.  
25. FUNERAL DIRECTOR'S SIGNATURE Paul C. Calcaterra  
ADDRESS 5140 Daggatt

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

cause of death

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**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. *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.