

FILED DEC 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42310**
Registrar's No. **10614**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10614			
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 OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) ONE DAY		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"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL #1				STREET ADDRESS (If rural, give location) 11 3951 Easton 2119 0					
3. NAME OF DECEASED (Type or Print) a. (First) SALVATORE			b. (Middle) _____			c. (Last) DEFINO			
4. DATE OF DEATH (Month) (Day) (Year) NOVEMBER 19 1954		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			
8. DATE OF BIRTH JAN 11 1876		9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COOK		11. BIRTHPLACE (City and State or Foreign Country) Italy			
12. CITIZEN OF WHAT COUNTRY Italy		13a. FATHER'S NAME Giuseppe Defino		13b. MOTHER'S MAIDEN NAME Josephine Mascari		14. NAME OF HUSBAND OR WIFE JENNIE DEFINO			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown		16. SOCIAL SECURITY NO. 499-28-0323		17. INFORMANT'S SIGNATURE OR NAME Josephine Giannuncio ADDRESS 4828 Cassie					
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) Gangrene sigmoid colon ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Dissecting Aortic aneurysm DUE TO (c) hernia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac decompensation				INTERVAL BETWEEN ONSET AND 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) 561.0					
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? _____					
22. I hereby certify that I attended the deceased from 11-18 , 19 54 , to 11-19 , 19 54 , that I last saw the deceased alive on 11-19 , 19 54 , and that death occurred at 5:15 P.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) James K. Peterson M.D.				23b. ADDRESS 1515 Lafayette Ave.		23c. DATE SIGNED 11-22-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Nov 23-54		24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.			
DATE REC'D BY LOCAL REG. NOV 22 1954		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Miceli-Sons 1150 N. Kingshiway					

WRITE PLAINLY—USING UNFADING 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 *Anthony J. Mucel's*

Licensed Embalmer No. *429*

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.