

FILED JAN 27 1955

STANDARD CERTIFICATE OF DEATH

State File No. **44256**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **3034**

1. PLACE OF DEATH

a. COUNTY **St. Louis**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Richmond Heights**

c. LENGTH OF STAY (in this place) township) **1wk.**

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **St. Mary's Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE **Mo.** b. COUNTY _____

c. CITY OR TOWN **St. Louis**

d. Is Residence within limits of a city or incorporated town? Yes No

e. STREET ADDRESS (If rural, give location) **5900a West Park 2049**

3. NAME OF DECEASED

a. (First) **Raffaele** b. (Middle) _____ c. (Last) **Grandinetti**

4. DATE OF DEATH (Month) (Day) (Year) **Dec. 30 1954**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **April 12 1890** 9. AGE (in years last birthday) **64** IF UNDER 1 YEAR **8** MONTHS **18** DAYS **18** HOURS **18** MIN.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Grocery Business** 10b. KIND OF BUSINESS OR INDUSTRY **Retired-Grocery**

11. BIRTHPLACE (City and State or Foreign Country) **Italy** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Michael Grandinetti** 13b. MOTHER'S MAIDEN NAME **Vicenza Scacelli** 14. NAME OF HUSBAND OR WIFE **Adeline Grandinetti**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no** 16. SOCIAL SECURITY NO. **not known** 17. INFORMANT'S SIGNATURE OR NAME **Adeline Grandinetti** ADDRESS **5900a West Park**

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, asphyxia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Hemorrhage**

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) **Hypertension**

DUE TO (c) **Arteriosclerosis**

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. **Arteriosclerotic Heart Disease**

INTERVAL BETWEEN ONSET AND DEATH **5 days**

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) **331X**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____ 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 **Dec 25 1954**, to **Dec 30 1954**, that I last saw the deceased alive on **Dec 30, 1954**, and that death occurred at **9 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Anthony F. Caravelli, M.D.** 23b. ADDRESS **607 No. Grand Blvd** 23c. DATE SIGNED **12/31/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **Jan. 3 1955** 24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis Missouri**

DATE REC'D BY LOCAL REG. **1/2/55** REGISTRAR'S SIGNATURE **Heather K. Sombert** 25. FUNERAL DIRECTOR'S SIGNATURE **Ed Donnelly** ADDRESS **3840 Lindell**

(Licensed Embalmer's Statement on Reverse Side)

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

