

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2953

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **0054**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <b>ST. LOUIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR <b>ST. LOUIS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6113 PENNSYLVANIA</b>		d. STREET ADDRESS (If rural, give location) <b>6113 PENNSYLVANIA</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOSEPH</b>	b. (Middle) <b>***</b>	c. (Last) <b>PERFETTO</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 3, 1955</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>OCTOBER 22, 1886</b>	9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	IF UNDER 15 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>DYNAMITER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>QUARRY</b>	11. BIRTHPLACE (State or foreign country) <b>LOGANSPT, INDIANA</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>LOUIS PERFETTO</b>	13b. MOTHER'S MAIDEN NAME <b>NICOLETTA (UNK)</b>	14. NAME OF HUSBAND OR WIFE <b>ANGELO</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>--</b>	16. SOCIAL SECURITY NO. <b>--</b>	17. INFORMANT'S SIGNATURE OR NAME <b>ERNEST PERFETTO</b>	ADDRESS <b>6113 PENNSYLVANIA AVENUE</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 Hrs.</b>  <b>2 1/2 hr +</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arterio-sclerotic Heart Disease</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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **May**, 19**52**, to **Jan**, 19**55**, that I last saw the deceased alive on **Dec 20, 19 54** and that death occurred at **12:30A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>William F. H. H. H. H. H.</b>	23b. ADDRESS <b>7619a Gray Ave</b>	23c. DATE SIGNED <b>1-3-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>JAN. 6, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MT. OLIVE CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>LEMAY FERRY &amp; MT. OLIVE ROADS</b>
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DATE REC'D BY LOCAL REG. <b>JAN 4 1955</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C. HOFFMEISTER</b>	ADDRESS <b>U. &amp; L. CO. 781 1/2 S. BROADWAY ST. LOUIS, MO.</b>
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481 ← (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *Harry J. Schenck*  
Licensed Embalmer No. *2679*

P. O. Address *7814 1/2 Broadway*

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 this body is not embalmed, fact should be so stated above.