

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5970

State File No. ....

FILED FEB 21 1955

Registrar's No. 1334

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. ....			
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 or township) <b>ST. LOUIS</b>		c. LENGTH OF STAY (in this place) <b>10 DAYS</b>		c. CITY OR TOWN <b>ST. LOUIS</b>		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 <b>ST. LOUIS CITY HOSPITAL</b>				STREET ADDRESS (If rural, give location) <b>2049 1347 DEVLIN</b>					
3. NAME OF DECEASED (Type or Print)		a. (First) <b>ANTONIA</b>		b. (Middle) <b>-</b>		c. (Last) <b>BARBAGLIA</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>FEBRUARY 10, 1955</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>MAY-15-1881</b>		9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>26</b>	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>CONSTRUCTION</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>ITALY 5</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>		
13a. FATHER'S NAME <b>CARLO-BARBAGLIA</b>			13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>			14. NAME OF HUSBAND OR WIFE <b>THRESA-BARBAGLIA</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. (If yes, give war or date of service) <b>490-01-9896A</b>		17. INFORMANT'S SIGNATURE OR NAME <b>CHARLES-BARBAGLIA-4109<sup>A</sup></b>		ADDRESS <b>HARTFORD.</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinomatosis</b>				INTERVAL BETWEEN ONSET AND DEATH	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of Cecum (c mo)</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"/>	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>153X</b>					
22. I hereby certify that I attended the deceased from <b>2-7-55</b> , 19____, to <b>2-10-55</b> , 19____, that I last saw the deceased alive on <b>2-10-55</b> , 19____, and that death occurred at <b>9:45A</b> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>J. K. Killman, M.D.</b>				23b. ADDRESS <b>1515 Lafayette Avenue</b>			23c. DATE SIGNED <b>2-10-55</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>2-14-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION-CEM</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS CO MO</b>				
DATE REC'D BY LOCAL REG. <b>FEB 14 1955</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>JAY B. SMITH, MAPLEWOOD 17-MO</b>				

(Licensed Embalmer's Statement on Reverse Side)

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 *J E Morris*.....

Licensed Embalmer No. *3360*

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.