

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9319

State File No.

FILED MAR 31 1955

318

1003

2664

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 2 -yrs.		e. STREET ADDRESS (If rural, give location) 2209 28 3225 N. Florissant Ave.		d. FULL NAME OF HOSPITAL OR INSTITUTION 3225 N. Florissant Ave. Little Sisters of Poor	
3. NAME OF DECEASED (Type or Print) a. (First) Cesari b. (Middle) c. (Last) Avigni			4. DATE OF DEATH (Month) (Day) (Year) March 24, 1955		
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S.	8. DATE OF BIRTH May 26, 1883	9. AGE (In years last birthday) 72	10. UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chemist		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Italy	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Louis Avigni		13b. MOTHER'S MAIDEN NAME Maria Spigardi	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no		16. SOCIAL SECURITY NO. 490-01-6417A	
17. INFORMANT'S SIGNATURE OR NAME Mother Germaine, 3225 N. Florissant Ave.		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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-sclerotic heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u> 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 <u>None</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200	

22. I hereby certify that I attended the deceased from Feb 12, 1955, to March 24, 1955, that I last saw the deceased alive on 3-21, 1955, and that death occurred at 8 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Type or Print)
Samuel H. Hottel, M.D.

23b. ADDRESS
2435 N. Grand Blvd

23c. DATE SIGNED
3-24-55

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
March 26, 1955

24c. NAME OF CEMETERY OR CREMATORY
Calvary Cemetery

24d. LOCATION (City, town, or county) (State)
St. Louis, Mo.

DATE REC'D BY LOCAL REG.
MAR 24 1955

REGISTRAR'S SIGNATURE
J. Carl Smith

FUNERAL DIRECTOR'S SIGNATURE
J. Donnelly

ADDRESS
3840 Lindell Blvd.

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 me....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed [Signature].....

Licensed Embalmer No. 469.....

P. O. Address 384 W. 1st St......

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.