

FILED JUN 10 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17085**  
Registrar's No. **4667**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (In this place) <b>2 days</b>		d. STREET ADDRESS (If rural, give location) <b>1338 Belt</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Barnes Hospital</b>		20690	

3. NAME OF DECEASED (Type or Print) <b>Joseph Ventimiglia</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 25, 1955</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Dec. 25, 1880</b>		9. AGE (In years last birthday) <b>74</b>		10. MONTHS <b>7</b> DAYS <b>10</b> HOURS <b>15</b> MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck driver</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>City Employee</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Terossini Italy</b>	
12. CITIZEN OF WHAT COUNTRY? <b>SA</b>					

13a. FATHER'S NAME <b>Vincenzo Ventimiglia</b>		13b. MOTHER'S MAIDEN NAME <b>Laura Vitale</b>		14. NAME OF HUSBAND OR WIFE <b>Rose Ventimiglia</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>495-12-5239</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Rose Ventimiglia</b> ADDRESS <b>1338 Belt</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage, Lt. middle cerebral artery</b>		DUE TO (b) <b>Hypertensive Cardiovascular Dis.</b>				10 y 15	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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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) _____	
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? <b>443K</b>	

22. I hereby certify that I attended the deceased from **March, 1954**, to **May 25, 1955**, that I last saw the deceased alive on **May 25, 1955**, and that death occurred at **10:20 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>R. J. ...</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>3720 Washington St. Louis 8 Mo</b>		23c. DATE SIGNED <b>27 May 55</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 31, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvery Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>MAY 27 1955</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>P. Miceli</b> ADDRESS <b>1150 No. Kingshighway</b>	
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(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 Me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed G. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address W. Louis M.

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.