

THE DIVISION OF HEALTH OF MISSOURI
FILED AUG 29 1955 STANDARD CERTIFICATE OF DEATH

State File No. **28465**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 542		Registrar's No. 1866	
1. PLACE OF DEATH a. COUNTY Richmont Heights				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmont Heights		c. LENGTH OF STAY (in this place) 1 day		c. CITY OR TOWN University City		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary Hospital				STREET ADDRESS (If rural, give location) 1137 W. Parkedge Lane			
3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Sciortino c. (Last) Sciortino			4. DATE OF DEATH (Month) (Day) (Year) Aug. 9, 1955				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Dec. 18, 1894	9. AGE (in years last birthday) 60	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 WKS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet Maker		10b. KIND OF BUSINESS OR INDUSTRY UNK.		11. BIRTHPLACE (City and State or Foreign Country) Italy		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Philip Sciortino			13b. MOTHER'S MAIDEN NAME Frances Indelicato		14. NAME OF HUSBAND OR WIFE NONE		
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 285-09-4400		17. INFORMANT'S SIGNATURE OR NAME ADDRESS DR. John Sciortino 1400 Coolidge Dr.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Polygemia Vera DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 8 hrs. ?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 294x				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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5/18 , 19 55 , to 8/9 , 19 55 , that I last saw the deceased alive on 8/9 , 19 55 and that death occurred at 7 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) G. Rex Shroeder M.D.				23b. ADDRESS 3720 Washington		23c. DATE SIGNED 8/10/55	
24a. DATE Aug. 12, 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. 8/10/55		REGISTRAR'S SIGNATURE Herbert P. Donk M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS P. Miceli 1150 No. Kingshighway			

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

Sharder & Lee
3720 Washgton

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 *Elton H. Remelius*.....

Licensed Embalmer No. *428*

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.