

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 15 1955

State File No. **35011**
Registrar's No. **9320**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9320	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Enroute City Hospital				e. STREET ADDRESS (If rural, give location) 5059 Alcott Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Sebastiana			b. (Middle) _____			c. (Last) Moceri	
4. DATE OF DEATH (Month) (Day) (Year) Oct. 22, 1955		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Aug. 9, 1895		9. AGE (In years last birthday) 60		IF UNDER 1 YEAR: Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Campobello, Italy		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Dominic Passanante			13b. MOTHER'S MAIDEN NAME Catherine Passanante			14. NAME OF HUSBAND OR WIFE Ciacomo Moceri	
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 NO. 497-10-0800		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lauretta Ventura, 1236 Grant 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION University City, Mo. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardio Vascular Disease 6 yrs DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatic Arthritis				INTERVAL BETWEEN ONSET AND DEATH 6 yrs	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) St. Louis Missouri		22. I hereby certify that I attended the deceased from Dec 10, 1955 to Oct 22, 1955 , that I last saw the deceased alive on 4/29/55 , 19____, and that death occurred on 10/22/55 at 4:09 P.M. , from the causes and on the date stated above.	
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? _____		23a. SIGNATURE (Degree or title) Anthony J. Vataie M.D.	
23b. ADDRESS 3861 St. Louis Ave		23c. DATE SIGNED 10/24/55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-26-55	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.			
DATE REC'D BY LOCAL REG. OCT 25 1955		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		(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..... *Paul A. Wachter*

Licensed Embalmer No. *4287*

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.