

FILED NOV 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35071

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9252**

I. 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) c. LENGTH OF STAY (in this place)
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **3937 W. Pine Blvd.**
• STREET ADDRESS (If rural, give location)
19 3937 W. Pine St.

3. NAME OF DECEASED (Type or Print) a. (First) **John** b. (Middle) **Natze** c. (Last) **Pirrone**
4. DATE OF DEATH (Month) (Day) (Year) **10 22 1955**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**
8. DATE OF BIRTH **8/31/1901** 9. AGE (In years last birthday) **54** If UNDER 1 YEAR: Months **1** Days **21** If OVER 1 YEAR: Hours **0** Min. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Bartender**
10b. KIND OF BUSINESS OR INDUSTRY **Liquor**
11. BIRTHPLACE (City and State or Foreign Country) **St. Louis Mo.**
12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Labona Pirrone** 13b. MOTHER'S MAIDEN NAME **Augustine - - -** 14. NAME OF HUSBAND OR WIFE **Ann Pirrone**

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. **494-07-0779**
17. INFORMANT'S SIGNATURE OR NAME **Ann Pirrone** ADDRESS **3937 W. Pine St. Louis Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Myocardial Infarction**
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) **Coronary Thrombosis**
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.
INTERVAL BETWEEN ONSET AND DEATH **4 years**

19a. DATE OF OPERATION **none** 19b. MAJOR FINDINGS OF OPERATION **none** 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **June 15, 1951**, to **Oct 16, 1955**, that I last saw the deceased alive on **Oct 27, 1955**, and that death occurred at **3:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Drury Harris M.D.** 23b. ADDRESS **7427 Bland Dr. Clayton Mo** 23c. DATE SIGNED **Oct 22, 55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **10/25/1955** 24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis Mo.**

DATE REC'D BY LOCAL REG. **OCT 24 1955** REGISTRAR'S SIGNATURE **J. Paul Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **Arthur J. Donnelly** ADDRESS **3840 Lindell Blvd.**

M. J. B. (Licensed Embalmer's Statement on Reverse Side)

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

Dr. Brown J. Harris
7427 Bland St.
Pa. 1-7593

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 *Francis Williams*.....

Licensed Embalmer No. *356*.....

P. O. Address *3840 Lein*.....

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.