

FILED NOV 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39194**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **544** Registrar's No. **2568**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood		c. CITY OR TOWN Afton 4829	
c. LENGTH OF STAY (in this place) D.O.A.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hosp.		e. STREET ADDRESS (If rural, give location) 8013 New Haven	

3. NAME OF DECEASED (Type or Print) Lino	a. (First)	b. (Middle)	c. (Last) Viero	4. DATE OF DEATH November 1, 1955
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 3, 1904	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR 6 MONTHS	IF UNDER 2 HRS. 7 MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tile Contractor	10b. KIND OF BUSINESS OR INDUSTRY Own Business	11. BIRTHPLACE (City and State or Foreign Country) Italy	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Bortro Viero	13b. MOTHER'S MAIDEN NAME Mary-Unknown	14. NAME OF HUSBAND OR WIFE Mary Viero
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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) no	16. SOCIAL SECURITY NO. 488-09-4826	17. INFORMANT'S SIGNATURE OR NAME Mary Viero	ADDRESS 8013 New Haven
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Coronary Thrombosis 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 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **2-7**, 19**55**, to **11-1**, 19**55**, that I last saw the deceased alive on **9-25**, 19**55**, and that death occurred at **10:30 am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carl Huggins, M.D.	23b. ADDRESS 734 no. Theat. Bldg.	23c. DATE SIGNED 11-3-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Nov. 4, 1955	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	24d. LOCATION (City, town, or County) (State) St. Louis County, Missouri
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DATE REC'D BY LOCAL REG. 11-3-55	REGISTRAR'S SIGNATURE Debra B. Dombke MD.	25. FUNERAL DIRECTOR'S SIGNATURE Hoffmeister Colonial Mortuary	ADDRESS 6464 Chippewa St. St. Louis 9, Mo.
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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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Lewis C. Hoffme

Licensed Embalmer No. 387

P. O. Address 7814 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.