

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41777

Reg. 11531 SL 7483
BIRTH NO. FILED JAN 6 1956 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11019

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 915 N. Grand, St. Louis, Mo.		c. CITY OR TOWN St. Louis	d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 68 days		e. STREET ADDRESS (If rural, give location) 4253 Lexington	
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) Arena	c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) 12-15-55			
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married	8. DATE OF BIRTH 6-24-1896
9. AGE (in years last birthday) 59		10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat cutter	10. b. KIND OF BUSINESS OR INDUSTRY Butcher shop
11. BIRTHPLACE (City and State or Foreign Country) Mazzari, Italy		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Arena		13b. MOTHER'S MAIDEN NAME Maria (Unknown)	
14. NAME OF HUSBAND OR WIFE Anna Arena			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 492014936	
17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, ST. LOUIS, MO.		ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 mos.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma rt. lung		ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
DUE TO (b)		DUE TO (c) 162x		
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary tuberculosis, active		4 mos.
19a. DATE OF OPERATION 10-24-55		19b. MAJOR FINDINGS OF OPERATION Widespread nonresectable carcinoma right lung		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) (Min.)		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 ^{VA} attended the deceased from 10-7 , 1955, to 12-15 , 1955, and that death occurred at 2:03 Pm. , from the causes and on the date stated above.				
23. SIGNATURE W.K. Spertuck Jr		(Degree or title) M.D., VAH, ST. LOUIS, MO.		23c. DATE SIGNED 12-15-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-19-55		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Miceli & Sons ADDRESS 1150 N. Kingshighway		
DATE REC'D BY LOCAL REG. DEC 16 1955		REGISTRAR'S SIGNATURE J. Carl Smith MO		

(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 *Anthony J. Miceli*.....
Licensed Embalmer No. *42*.....
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.