

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 25 1956

State File No.

S. No. 300
v. 10.48

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 138

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Vinita Park 4270</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Louis Co Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>2322 Bristow</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ISADORE</u> b. (Middle) <u>GANEO</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 14 1956</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Mar 4 1886</u>
9. AGE (In years if under 1 year last birthday) Months Days Hours Min. <u>69</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Italy</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Odd Jobs - Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Clay Mine</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Angelo Ganeo</u>	
13b. MOTHER'S MAIDEN NAME <u>Josephine Andriago</u>		14. NAME OF HUSBAND, OR WIFE <u>-----None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-07-7375</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Antholette Maggiotto</u>		ADDRESS <u>Chicago Ill</u>	
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) <u>Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 to 5 da</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) <u>Arteriosclerotic Vascular disease with decompensation</u>		Year _____	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death. <u>4500</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4224</u>	
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 <u>Nov 13</u> , 19 <u>53</u> , to <u>Jan 14</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Jan 6</u> , 19 <u>56</u> , and that death occurred at <u>10: A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Blaworth Alexander MD</u>		23b. ADDRESS <u>204 E. Big Bend</u>	
23c. DATE SIGNED <u>1-16-56</u>		23d. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	
23e. LOCATION (City, town, or county) (State) <u>St Louis Co, Missouri</u>		23f. FUNERAL DIRECTOR'S SIGNATURE <u>Ortmann F Home</u>	
23g. DATE REC'D BY LOCAL REG. <u>1-16-56</u>		23h. REGISTRAR'S SIGNATURE <u>Herbert B. Romberg</u>	
23i. FUNERAL HOME <u>9222 Lackland</u>		23j. _____	

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
Student Embalmer

Signed Al C Ortman

Licensed Embalmer No. 3478

P. O. Address _____

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 this body is not embalmed, fact should be so stated above.