

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3361**
85

FILED JAN 25 1956

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admittance). a. STATE MISSOURI b. COUNTY _____	
b. CITY OR TOWN BELLEFONTAINE NEB'S	c. LENGTH OF STAY (In this place) 10 YRS	c. CITY OR TOWN ST. LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 41
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS TRAINING SCHOOL		e. STREET ADDRESS (If rural, give location) 5027² WINONA 1	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) HOWARD c. (Last) CENTO	4. DATE OF DEATH (Month) (Day) (Year) JAN. 10 1956
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH JAN. 4 1941	9. AGE (In years last birthday) 15	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MO		12. CITIZEN OF WHAT COUNTRY? U.S.A		

13a. FATHER'S NAME ROCCO CENTO	13b. MOTHER'S MAIDEN NAME HELEN HOWARD	14. NAME OF HUSBAND OR WIFE None
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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. None	17. INFORMANT'S SIGNATURE OR NAME Rocco Cento	ADDRESS 5027 - WINONA
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia due in part to incomplete ligature around front of neck and partly due to glottic spasm from aspiration of gastric mucus in the trachea		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 9257		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) institution	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Bellefontaine Neighbors Mo.
21d. TIME (Month) (Day) (Year) (Hour) (Minute) (Second) OF INJURY Jan. 10, 1956 11:45 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Slipped down from chair in which he had been fastened with a restraining cloth.

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Arnold J. Willmann (Degree or title) Coroner	23b. ADDRESS Clayton, Mo.	23c. DATE SIGNED 1-13-56
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24a. DATE REC'D BY LOCAL REG. 1-11-56	24b. DATE JAN. 12 1956	24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM.	24d. LOCATION (City, town, or county) (State) ST. LOUIS CO, MO
REGISTRAR'S SIGNATURE Herbert B. Dombrowski		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutes 7906 Garrison	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

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.....
Samuel C. Dill

Licensed Embalmer No. 4347

P. O. Address 2906 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.