

FILED APR 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **9536**

BIRTH NO. _____		REG. DIST. NO. 162		PRIMARY REG. DIST. NO. 5594		Registrar's No. 28	
1. PLACE OF DEATH a. COUNTY JEFFERSON				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) OR TOWN RURAL - MERAMEC		c. LENGTH OF STAY (in this place) 110 DAYS		c. CITY OR TOWN ST. LOUIS		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 HILL INFIRMARY				e. STREET ADDRESS (If rural, give location) 9364 SONORA 20591			
3. NAME OF DECEASED (Type or Print) a. (First) MARIANO b. (Middle) COSTA c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) MARCH 29 1956				
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. 26 1877		9. AGE (In years last birthday) 78	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) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY WHOLESALE GROCER		11. BIRTHPLACE (City and State or Foreign Country) ITALY		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME ANTONIO COSTA		13b. MOTHER'S MAIDEN NAME E. MARIA FERRARA		14. NAME OF HUSBAND OR WIFE CRISTINA MONTI			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME Bro. Lomb. St. Joseph's Hill Infirmary ADDRESS _____			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) GENERALIZED ARTERIOSCLEROSIS & OLD PLEUR. DUE TO (c) PARKINSON DISEASE HENIPLEGIA II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERNAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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)		4201	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12/10, 1955 to 3/29, 1956 , that I last saw the deceased alive on 3/26, 1956 , and that death occurred at 6:15 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE R. M. Maslin M.D. (Degree or title)				23b. ADDRESS 323 PALM DR. NEUMAN/21, No.		23c. DATE SIGNED 3/29/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/2/56	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, MO		
DATE REC'D BY LOCAL REG. 4/7/1956		REGISTRAR'S SIGNATURE Ruth Jirsa		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Miceli 1150 N. Kingshiway			

(Licensed Embalmer's Statement on Reverse Side)

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

+33

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED

APR 11 1956

280
1200
0870
SECRET

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, ~~of~~, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Elmer R. Padwell

Licensed Embalmer No. *4077*
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.