

FILED APR 27 1956

STANDARD CERTIFICATE OF DEATH

State File No. 11473

318

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 2666

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2666			
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 St. Louis		c. LENGTH OF STAY (In this place)		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"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis State Hospital				e. STREET ADDRESS (If rural, give location) 5519 Columbia Ave.				2136	
3. NAME OF DECEASED (Type or Print) a. (First) Carlo			b. (Middle) Stampini			c. (Last)			
4. DATE OF DEATH (Month) (Day) (Year) March 13, 1956			5. SEX <input type="radio"/> Male <input type="radio"/> Female			6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			8. DATE OF BIRTH March 25, 1888			9. AGE (In years) 67 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) Clay Worker			10b. KIND OF BUSINESS OR INDUSTRY Laclede-Christy			11. BIRTHPLACE (City and State or Foreign Country) Italy			
12. CITIZEN OF WHAT COUNTRY? U.S.			13a. FATHER'S NAME Angelo Stampini			13b. MOTHER'S MAIDEN NAME Theresa Belloli			
14. NAME OF HUSBAND OR WIFE Serafina Stampini			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 489-01-5805			
17. INFORMANT'S SIGNATURE OR NAME Serafina Stampini			ADDRESS 5519 Columbia			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) Thrombosis, right main pulmonary artery INTERVAL BETWEEN ONSET AND DEATH 1 day *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused 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) 465XA II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Tuberculosis, upper lobes both lungs 1952			
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)		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 August 10, 1952, to March 13, 1956, that I last saw the deceased alive on March 13, 1956, and that death occurred at 11:55a m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) L. Schiavone M.D.				23b. ADDRESS 5400 Arsenal Street			23c. DATE SIGNED 3-14-56		
24a. BURIAL, CREMATION, OR REMOVAL (Specify) Removal		24b. DATE 3-16-56		24c. NAME OF CEMETERY OR CREMATORY Resurrection		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.			
DATE REC'D BY LOCAL REG. MAR 14 1956		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE Calcaterra Funeral Home		ADDRESS 5140 Daggett			

(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 *Guy W Wilkins*

Licensed Embalmer No. *35*

P. O. Address *A. L.*

- Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.