

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17502**
Registrar's No. **4213**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 17502		Registrar's No. 4213			
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 checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. City Hospt.					e. STREET ADDRESS (If rural, give location) 507 W. Hurck St 20170						
3. NAME OF DECEASED (Type or Print) a. (First) John			b. (Middle) _____		c. (Last) Alberti		4. DATE OF DEATH (Month) (Day) (Year) April 27 1956				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept 27 1893		9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter			10b. KIND OF BUSINESS OR INDUSTRY Andrew Truck Body		11. BIRTHPLACE (City and State or Foreign Country) Italy		12. CITIZENRY OF WHAT COUNTRY? U.S.				
13a. FATHER'S NAME John Alberti			13b. MOTHER'S MAIDEN NAME Dont Know		14. NAME OF HUSBAND OR WIFE Rosina Visconti Alberti						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) Yes			16. SOCIAL SECURITY NUMBER (If you give war or dates of service) #1 489-12-9788		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank J. Alberti 3304a Lemp						
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, asphyxia, etc. It means the disease, injury, or complication which caused death.					MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strangulation by hanging ANTECEDENT CAUSES when found in his home at 507 Hurck Street, at 345 p.m., April 27th 1956. Morbidity 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. Temporary Mental Aberration					INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION Fracture while under temporary mental aberration			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT OR SUICIDE (Specify) suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo							
21d. TIME (Month) (Day) (Year) (Hour) (Min.) OF INJURY Apr 27 1956 2:45 p.m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E974x						
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 Dr. Carl Smith M.D.					23b. ADDRESS 1300 Clark			23c. DATE SIGNED 4/30/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 1 1956	24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.						
DATE REC'D BY LOCAL REG. APR 30 1956		REGISTRAR'S SIGNATURE Dr. Carl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Weick Bros 2201 S. Grand Blvd						

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

0370-17-

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 *Paul J. Ayler*.....
Licensed Embalmer No. 415

P. O. Address *St. Joe*.....

**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.**