

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18468

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4584

1. PLACE OF DEATH a. COUNTY		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 St. Louis		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"/>	
c. LENGTH OF STAY (in this place) 5 mos.		• STREET ADDRESS (If rural, give location) 7608 Reilly		20190	
d. FULL NAME OF HOSPITAL OR INSTITUTION Little Flower Convalescent		3. NAME OF DECEASED a. (First) Antonio		b. (Middle) Polesel	
c. (Last) Polesel		4. DATE OF DEATH May 9, 1956			
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH July 23, 1889	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driller	10b. KIND OF BUSINESS OR INDUSTRY Quarry Work	11. BIRTHPLACE (City and State or Foreign Country) Italy	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Angelo Polesel		13b. MOTHER'S MAIDEN NAME Angelica ?		14. NAME OF HUSBAND OR WIFE Deceased	
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. 343-07-2411		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Irma Franzén 7608 Reilly	
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) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Extensive Sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Larynx & Pharynx Pneumonia Nodular Chronic			INTERVAL BETWEEN ONSET AND DEATH 3 mo 5 yrs 1952 1953
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? none	
22. I hereby certify that I attended the deceased from Mar 1, 1956, to May 9, 1956, that I last saw the deceased alive on May 9, 1956, and that death occurred at 9:20p m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Eugene Blumpe MD		23b. ADDRESS 3933 S. Grand		23c. DATE SIGNED May 11 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE May 12, 1956		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cem.	
24d. LOCATION (City, town, or county) (State) Lemay Mo.		DATE REC'D BY LOCAL REG. MAY 11 1956		REGISTRAR'S SIGNATURE H. Carl Smith MD	
25. FUNERAL DIRECTOR'S SIGNATURE m J B.		ADDRESS Fendler Und. Co. 7420 Michigan			

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 *W. G. Peterson*.....

Licensed Embalmer No. *37*

P. O. Address *420 Me*.....

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