

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43928

State File No.

FILED JAN 15 1957

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11512

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>Unk.</u>	c. CITY OR TOWN <u>St. Louis</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis State Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>3715 Olive Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>(Giovanni Spoldini)</u> c. (Last) <u>Spoletini</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>December 12, 1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>November 6, 1896</u>
9. AGE (In years last birthday) <u>60</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>60</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Protaiana, Italy</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13a. FATHER'S NAME <u>Valentine Spoletini</u>	13b. MOTHER'S MAIDEN NAME <u>Philomena Serafina</u>
14. NAME OF HUSBAND/OR WIFE <u>None</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>W.W.I</u>	16. SOCIAL SECURITY NO. <u>490-05-2416</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Tom Brady</u> ADDRESS <u>Civil Courts Bldg.</u>
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic heart disease</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>420.0</u>	
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) (Min)
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 <u>5-3</u> , 19 <u>56</u> , to <u>12-12</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>12-12</u> , 19 <u>56</u> , and that death occurred at <u>5:00p.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. H. Waller M.D.</u> (Degree or title)		23b. ADDRESS <u>5400 Arsenal Street</u>	23c. DATE SIGNED <u>12-13-56</u>
24a. BURIAL, CREMATION, REMOVAL	24b. DATE <u>12-17-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo.</u>
DATE REC'D BY LOCAL REG. <u>DEC 15 1956</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McLAUGHLIN'S</u> ADDRESS <u>2301 LAFAYETTE AVE.</u>	

(Licensed Embalmer's Statement on Reverse Side)

APR 15 1963

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 *L. R. Coap*

Licensed Embalmer No. *363*

P. O. Address *2317 Ly*

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.