

FILED DEC 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44334

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2864

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a-STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Shrewsbury</u>)		c. CITY OR TOWN <u>Shrewsbury</u> <u>4561</u>	
c. LENGTH OF STAY (in this place) <u>28 yrs.</u>		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 <u>5101 De Ville Ave.</u>		e. STREET ADDRESS (If rural, give location) <u>5101 De Ville Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>DOMINIC</u> b. (Middle) <u>JOSEPH</u> c. (Last) <u>SIELI</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 3, 1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Apr. 23, 1882</u>	9. AGE (in years last birthday) <u>74</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pipefitter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Italy</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					

13a. FATHER'S NAME <u>Joseph Siele</u>	13b. MOTHER'S MAIDEN NAME <u>Grace Martesa</u>	14. NAME OF HUSBAND OR WIFE <u>Rosa Siele</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>	16. SOCIAL SECURITY NO. <u>493-05-2117</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Teresa Siele</u> ADDRESS <u>5101 De Ville Ave.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>		<u>6 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocardial infarction</u> DUE TO (c) <u>Coronary atherosclerosis</u>		<u>6 hrs</u> <u>4 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>General atherosclerosis</u>		<u>4-6 yrs</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 Oct 10, 1956, to Dec 3, 1956, that I last saw the deceased alive on Dec 3, 1956, and that death occurred at A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Chandler</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>4957 Maryland Ave</u>	23c. DATE SIGNED <u>12-4-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 6, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-5-56</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Dombrowski</u>	5. FUNERAL DIRECTOR'S SIGNATURE <u>M J Croghan</u> ADDRESS <u>7146 Manchester Ave.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4952 Maryland

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 *Harvey Kable*

Licensed Embalmer No. 4596

P. O. Address *St. Louis 9,*

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.