

Health, Welfare, Public Service  
 300  
 1-16  
 All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

FILED FEB 18 1957

STATE FILE NUMBER

6380

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 137

1. PLACE OF DEATH a. COUNTY <b>St. Louis,</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis,</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Richmond Heights, Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Bissell Hills</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) <b>St. Marys Hospital</b>		Length of stay in 1b <b>5 days</b>		d. STREET ADDRESS (If outside, give location) <b>9830 Colony Dr.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Ozy</b> Middle <b>Maurutto</b> Last <b>Maurutto</b>			4. DATE OF DEATH Month <b>Jan.</b> Day <b>16,</b> Year <b>1957</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 21, 1900</b>	9. AGE (In years last birthday) <b>56</b>	IF UNDER 1 YEAR Months <b>56</b> Days <b>56</b> Hours <b>56</b> Min.		IF UNDER 24 HRS. Months <b>56</b> Days <b>56</b> Hours <b>56</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Terrazzo Finisher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Contractor</b>		11. BIRTHPLACE (City and state or country) <b>Sao Paulo, Brazil</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>Angelo Maurutto</b>				14. MOTHER'S MAIDEN NAME <b>Rosa Padovan</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No. Nil.</b>		16. SOCIAL SECURITY NO. <b>489-01-4312</b>		17. INFORMANT Address <b>Giovanina Maurutto, 9830 Colony Dr.</b>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Postobstructive Myocardial Infarction</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Thrombosis of Coronary Artery</b> DUE TO (c) <b>Arteriosclerosis</b>						INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>2 days</b> <b>6 mos.</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED <b>4201</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour <b>5:30</b> Month <b>July</b> Day <b>1</b> Year <b>1956</b> a. m. <b>5:30</b> p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)					
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE		
21. I attended the deceased from <b>July 1, 1956</b> to <b>Jan 16, 1957</b> and last saw <sup>him</sup> <del>her</del> alive on <b>1-16-57</b> . Death occurred at <b>5:30 a. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>[Signature]</i> (Degree or title)				22b. ADDRESS <b>634 W. Grand Blvd.</b>		22c. DATE SIGNED <b>1-17-57</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>1-17-57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Lawn Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Narrisburg, Illinois,</b>		
24. FUNERAL DIRECTOR <b>Albert H. Hoppe</b>			ADDRESS <b>4700 Washington,</b>		25. DATE RECD. BY LOCAL REG. <b>1-17-57</b>		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, ~~by~~ ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Eaton Remelin*

Licensed Embalmer No. *428*

P. O. Address *St. Louis*

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.