

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32429

FILED OCT 3 1957

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>162</u>		PRIMARY REG. DIST. NO. <u>5594</u>		Registrar's No. <u>831</u>	
1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) --a. STATE <u>Mo.</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL MERAMEC</u>		c. LENGTH OF STAY (If this place) <u>2 years 2 mo</u>		c. CITY OR TOWN <u>St. Louis</u>		d. In 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>St. Joseph's Hill Infirmary</u>				e. STREET ADDRESS (If rural, give location) <u>5054 MIAMI</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Augustin</u> b. (Middle) <u>John</u> c. (Last) <u>Cicardi</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 18 1957</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JULY 28 1872</u>	
9. AGE (In years last birthday) <u>85</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SALESMAN</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>LOUIS CICARDI</u>		13b. MOTHER'S MAIDEN NAME <u>CATHERINE CANEPA</u>		14. NAME OF HUSBAND OR WIFE <u>HEATA WINKELMAIER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bro. Rich St. Joseph's Hill Infirmary</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>GENERALIZED ARTERIO SCLEROSIS</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CARCINOMA OF ABDOMEN</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>SUICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>7/24/1955</u> , to <u>9/18/57</u> , that I last saw the deceased alive on <u>7/18/57</u> , 1957, and that death occurred at <u>1:35 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Martin M.D.</u>				23b. ADDRESS <u>St. Joseph's Hill Infirmary</u>		23c. DATE SIGNED <u>9/18/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Sept. 20, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cahany Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG <u>9-20-57</u>		REGISTRAR'S SIGNATURE <u>Robert G. Bauer</u>		FURNAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter J. Donnelly - 3840 Fenwick Blvd</u>			

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

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI  
JEFFERSON COUNTY HEALTH DEPT.,  
HILLSBORO, MISSOURI

DATE RECEIVED

OCT 1 1957

OCT 2 1957

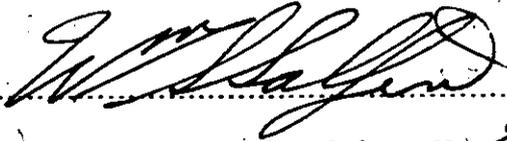
STATEMENT BY LICENSED EMBALMER

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.....  


Licensed Embalmer No. 468

P. O. Address 3840 Lind

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.