

Health,  
& Welfare  
Public  
Service

S. 300  
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.  
All diseases in Part I must be causally related.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

45575  
STATE FILE NUMBER  
12171

FILED JAN 13 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12171

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATE TO BE TYPEWRITTEN BY PHYSICIAN

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ST LOUIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give hospital name, street, city, state, and zip code) HOSPITAL OR INSTITUTION 4337 MARYLAND		d. STREET ADDRESS (If outside, give location) 2410 3925 IOWA Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last CARMELA F AVELLONE			4. DATE OF DEATH Month Day Year DEC 17 1957
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT 12 1933
9a. AGE (In years last birthday) 24		9b. IF UNDER 1 YEAR Months Days Hours Min.	9c. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SECRETARY		10b. KIND OF BUSINESS OR PROFESSION ST. LOUIS MUTUAL ASSURANCE CO.	11. BIRTHPLACE (City and state or country) MISSOURI
12. CITIZEN OF WHAT COUNTRY? U-S-A		13a. FATHER'S NAME SALVATORE AVELLONE	13b. MOTHER'S MAIDEN NAME MARY GINGRICH
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Y, N, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.
17. INFORMANT SALVATORE AVELLONE		Address 3925 IOWA	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffocation by hanging DUE TO (b) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) E974X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Heu deceased was found in bathroom of house at December 17, 1957. While suffering from temporary mental derangement.			19. INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury, PART I or PART II of item 18.) in bathroom of house at December 17, 1957. While suffering from temporary mental derangement.		
20c. TIME OF INJURY Hour Month, Day Year 3 p.m. 12 17 57	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		
20e. CITY, TOWN, OR LOCATION St Louis	20f. COUNTY Mo	20g. STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 1205 A on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Patrick E. Taylor Coroner		22b. ADDRESS 1300 Clark	22c. DATE SIGNED 12.18.57
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE DEC 19 1957	23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	23d. LOCATION (City, town, or county) (State) ST LOUIS MO
24. FUNERAL DIRECTOR Thomas Kutia	ADDRESS 2906 Gravois	25. DATE RECD. BY LOCAL REG. DEC 18 57	26. REGISTRAR'S SIGNATURE Carl Smith MO

(Licensed Embalmer's Statement on Reverse Side)

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. 3989

P. O. Address: St. Louis, Mo.

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.