

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 13 1958

State File No. 45752

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 12172

2009

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

| | | | |
|--|-------------------------------|--|---|
| 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, write RURAL and give town) ST. LOUIS | | c. LENGTH OF STAY (In this place) 6 WKS. | c. CITY OR TOWN ST. LOUIS |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ALEXIAN BROS. HOSP. | | e. STREET ADDRESS (If rural, give location) 2301619 S. BROADWAY | |
| 3. NAME OF DECEASED a. (First) JOHN b. (Middle) DeFilio c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) Dec 17 1957 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced | 8. DATE OF BIRTH 6-18-1888 |
| 9. AGE (In years last birthday) 67 | | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED SHOE WORKER | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) ITALY |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13. FATHER'S NAME UNKNOWN | |
| 13b. MOTHER'S MAIDEN NAME UNKNOWN | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) No (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. UNKNOWN | |
| 17. INFORMANT'S SIGNATURE OR NAME ANTHONY DeFilio | | ADDRESS 3816 FLORA PL. | |
| 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) Ca liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 156.1 | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? 2 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 11-7 , 19 57 , to 12-17 , 19 57 , that I last saw the deceased alive on 12-17 , 19 57 , and that death occurred at 6:30 P.M. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE H. Nachwey | | (Degree or title) M.D. | |
| 23b. ADDRESS 4065 S. Grand | | 23c. DATE SIGNED 12/18/57 | |
| 24a. BURIAL, CREMATION, REMOVAL REMOVAL | | 24b. DATE Dec 19, 1957 | |
| 24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM. | | 24d. LOCATION (City, town, or county) (State) ST. LOUIS Co. Mo. | |
| DATE REC'D BY LOCAL REG. DEC 18 57 | | REGISTRAR'S SIGNATURE Paul Smith | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutek | | ADDRESS 2906 Skewis | |

mjb. (Licensed Embalmer's Statement on Reverse Side)

JUN 2 1959

JAN 24 1958

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 *Leo J. Budd* Licensed Embalmer No. *398* 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.