

FILED JAN 23 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

47636
STATE FILE NUMBER 12671
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

S. 300
v. 1-56

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY 7	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital		Length of stay in 1b 13 d. STREET ADDRESS 5229 Elizabeth (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Lucia Middle Rapisardo Last Rapisardo		4. DATE OF DEATH Month December Day 28 Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 15, 1888
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months 3 Days 3 Hours 3 Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Italy
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME Mattio Scuito	
14. MOTHER'S MAIDEN NAME Unknown		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Santo Rapisardo, 5229 Elizabeth	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute Monocytic Leukemia			INTERVAL BETWEEN ONSET AND DEATH 2 9 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 204.2			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Diabetes Mellitus			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ a. m. _____ p. m. _____	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. CITY, TOWN, OR LOCATION St. Louis	COUNTY	STATE	
21. I attended the deceased from 11-8-57 to 12-28-57 and last saw ^{her} him alive on 12-28-57 Death occurred at 9 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Charles Montanari MD (Degree or title)		22b. ADDRESS 5147 Daggettar	
22c. DATE SIGNED 12-29-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-2-58	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
24. FUNERAL DIRECTOR Calcaterra Funeral Home, 5140 Daggett Ave.		25. DATE RECD. BY LOCAL REG. DEC 31 57	26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.

STATE OF MISSOURI

DEPARTMENT OF HEALTH
BUREAU OF HEALTH OFFICERS
CITY OF ST. LOUIS
OFFICE OF THE HEALTH COMMISSIONER
1000 MARKET STREET
ST. LOUIS, MISSOURI 63101

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 *Stanley H. Dierker*
Licensed Embalmer No. 419
P. O. Address *St. Louis*

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.