Health, Welfare Public Service

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1-57

FILED JAN 30 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 3421

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 601

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 16 Mo. Baptiste Hospital — Length of stay in 1b 1 week

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 26 5144 Lexington — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last: Giovanna Parisi

4. DATE OF DEATH Month Day Year: January 15, 1958

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ 2
8. DATE OF BIRTH: December ~~4, 1881~~ 5, 1882
9. AGE (In years last birthday): 75 ~~76~~ 5 — IF UNDER 1 YEAR: Months 1, Days 10 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Italy
12. CITIZEN OF WHAT COUNTRY? Italy

13a. FATHER'S NAME: Guiseppe DiMercurio
13b. MOTHER'S MAIDEN NAME: Rosalia Giammanco
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Frank Parisi — Address: 2618 HAMILTON

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Atelectasis of Lungs; Anesthesia
DUE TO (b): Fracture of Right Femur;
DUE TO (c): Coronary Sclerosis.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
E904.0 21
INTERVAL BETWEEN ONSET AND DEATH

Corr. by Aff. 6/5/1958 B.G.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): When deceased expired on operating table while being operated on for fracture of right Hip, which she received when she fell at 5144 a Lexington Ave., on January 7th, 1958.

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐ 1

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
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. 3 — Month, Day, Year 1 7 58
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 6 Home
20f. CITY, TOWN, OR LOCATION: St Louis Mo. — COUNTY — STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 1135 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title) 3
22b. ADDRESS: 1300 Clark a
22c. DATE SIGNED: 1/12/57 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: January 18, 1958
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county): St. Louis, Missouri

24. FUNERAL DIRECTOR: Benciek Nicholas — ADDRESS: 1431 Union Blvd
25. DATE RECD. BY LOCAL REG.: JAN 17 '58
26. REGISTRAR'S SIGNATURE: J Earl Smith MD MJS.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 Elmo R Sadwell

Licensed Embalmer No. 4077

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.