Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-015486
STATE FILE NUMBER

FILED APR 18 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3957

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY
b. CITY OR TOWN St. Louis — Inside Limits Yes X No	c. CITY OR TOWN St. Louis — Inside Limits Yes X No
c. FULL NAME OF HOSPITAL OR INSTITUTION On Arrival at City Hosp. — Length of stay in Ib 38	d. STREET ADDRESS (If outside, give location) 722 No. 20th Street — Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print)	First Charles	Middle	Last Apany	4. DATE OF DEATH Month March Day 27 Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED X WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Unknown	9. AGE (In years last birthday) 68 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Sicily, Italy	12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE none		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. unknown	17. INFORMANT Oscar Schaefer	Address Civil Courts Bldg.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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) Influenza — INTERVAL BETWEEN ONSET AND DEATH March 24-58

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Cardio Vascular Heart disease — 3

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) --481X

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

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. Month, Day, Year	
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.) — 20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from March 15-58 to March 26-58 and last saw her/him alive on March 26 58

Death occurred at March 27-58 9A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. J. Moore (Degree or title) M D	22b. ADDRESS 917-5018	22c. DATE SIGNED APR 9 '58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/10/58	23c. NAME OF CEMETERY OR CREMATORY Memorial Park	23d. LOCATION (City, town, or county) (State) Normandy, Missouri
24. FUNERAL DIRECTOR Morrell Mortuary	ADDRESS 3710 No. Grand	25. DATE RECD. BY LOCAL REG. APR 9 '58	26. REGISTRAR'S SIGNATURE Paul Smith MD M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 Loron E. Perry

Licensed Embalmer No. 4094

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.