

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020102

STATE FILE NUMBER

FILED JUN 13 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No. 5967

300  
-57

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	
c. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge		Length of stay in lb 0		d. STREET ADDRESS (If outside, give location) 4008a Shaw Blvd.	
3. NAME OF DECEASED (Type or print) First MIDDLE Last ANTHONY (TONY) SCALISE			4. DATE OF DEATH Month Day Year June 7 1958		
5. SEX M O	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 27, 1898	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Upholsterer-Allen Upholstering Co.		10b. KIND OF BUSINESS OR INDUSTRY Upholstering Co.		11. BIRTHPLACE (City and state or country) St. Louis, Mo. 0	
13a. FATHER'S NAME Jack Giacamo Scalise		13b. MOTHER'S MAIDEN NAME Filipi Caruso		14. NAME OF HUSBAND OR WIFE Mabel I. Scalise	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) None		16. SOCIAL SECURITY NO. 500-18-8890		17. INFORMANT Address Jack Scalise 4008a Shaw Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intestinal obstruction DUE TO (b) Metastatic carcinoma to liver & abdomen DUE TO (c) Carcinema of lung (bronchogenic) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 2 weeks 4 + months 1 year. (?)
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.) 162.1			
20c. TIME OF INJURY Hour Month, Day, Year p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from May 29, 1958 to June 7, 1958 and last saw her alive on June 7, 1958 Death occurred at 6:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE C. Rollins Pulan M.D.			22b. ADDRESS 1325 S. Grand St. Louis, Mo.		22c. DATE SIGNED 6/9/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 11, 1958		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
				23d. LOCATION (City, town, or county) St. Louis, Mo. (State)	
24. FUNERAL DIRECTOR ADDRESS Kriegshauser 4228 S. Kingshighway			25. DATE RECD. BY LOCAL REG. JUN 10 58		26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Richard W. Glover* .....

Licensed Embalmer No. *4007* .....  
P. O. Address .....

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.