

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031296
STATE FILE NUMBER

LED SEP 12 1958 Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2324

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Hts. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Ladue 4000 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp. | | Length of stay in lb 2 Weeks | d. STREET ADDRESS (If outside, give location) 758 Wenneker Dr. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First JOSEPH Middle PASSIGLIA Last PASSIGLIA | | | 4. DATE OF DEATH Month Sep. Day 7 Year 1958 | | |
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| 5. SEX Male | 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 June 2, 1891 | 9. AGE (In years last birthday) 67 | IF UNDER 1 YEAR Months 5 Days 18 Hours 18 Min. | IF UNDER 24 HRS. Hours 18 Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor-Producer | | 10b. KIND OF BUSINESS OR INDUSTRY Business | 11. BIRTHPLACE (City and state or country) Italy | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Guisippe Passiglia | 13b. MOTHER'S MAIDEN NAME Unknown Titone | 14. NAME OF HUSBAND OR WIFE Adeline Passiglia |
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| 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 Adeline Passiglia | Address 758 Wenneker Dr. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Metastatic carcinoma of the bladder. | | INTERVAL BETWEEN ONSET AND DEATH Sept. 1, 1957 |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) 181.0 | |
| | DUE TO (c) | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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.) |
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| 20c. TIME OF INJURY Hour 12:10 A. Month Aug. Day 20 Year 1958 | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION St. Louis, Mo. |
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| 21. I attended the deceased from Aug 20, 1958 , to Sept. 7, 1958 and last saw her/him alive on Sept. 7, 1958 . Death occurred at 12:10 A. on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) Warren A. Mantoy M.D. | 22b. ADDRESS 607 - 77 Grand | 22c. DATE SIGNED Sept. 8, 1958 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE Sep. 10, 1958 | 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis, Mo. |
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| 24. FUNERAL DIRECTOR Kriegshauser | ADDRESS 4228 S. Kingshighway | 25. DATE RECD. BY LOCAL REG. 9-8-58 | 26. REGISTRAR'S SIGNATURE Herbert P. Donke M.D. |
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Edwin A. McAlenat*

Licensed Embalmer No. *3024*

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.