

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-031964

STATE FILE NUMBER

FILED SEP 30 1958

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 214

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> <b>St. Louis</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fulton, Missouri</b>		c. CITY OR TOWN <b>St. Louis</b> <b>2169</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>State Hosp. No. 1</b>		Length of stay in 1b <b>17 yrs</b>	
		d. STREET ADDRESS <b>1110 S. Kingshighway</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>Joseph Vaccaro</b>			4. DATE OF DEATH Month <b>Sept</b> Day <b>25</b> Year <b>1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>4/11/1883</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>unk</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Italy</b> <b>5</b>	
13. FATHER'S NAME <b>Guy Vaccaro</b>			14. MOTHER'S MAIDEN NAME <b>Filameno Sardo</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>unk</b>		17. INFORMANT <b>Wife</b> Address	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Myocardial Infarction</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary Occlusion.</b>		
DUE TO (c) <b>Arteriosclerotic Heart Disease</b>		

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? <b>NO</b>
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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.) <b>NONE</b>
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20c. TIME OF INJURY Hour <b>None</b> Month, Day, Year a. m. p. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>NONE</b>	20f. CITY, TOWN, OR LOCATION <b>Fulton</b> COUNTY STATE
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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 <b>Fulton</b> COUNTY STATE
21. <del>Attended the deceased from</del> <b>State Hosp. #1</b> from <b>April 25, 1947</b> to <b>Sept. 25, 1958</b> Death occurred at <b>10:35 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <b>James K. Pettibone M.D.</b>	22b. ADDRESS <b>Fulton State Hospital # 1</b>	22c. DATE SIGNED <b>9/26/58</b>
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23a. BURIAL CREMATION, REMOVAL (Specify)	23b. DATE <b>Sept-27-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Gardens</b>	23d. LOCATION (City, town, or county) (State) <b>Fulton MO</b>
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24. FUNERAL DIRECTOR <b>Maup...</b>	25. DATE RECD. BY LOCAL REG. <b>9/27/58</b>	26. REGISTRAR'S SIGNATURE <b>W...</b>
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Health, Welfare & Public Service  
 300 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  
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OCT 8 1958

**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 *J. J. Ross*

Licensed Embalmer No. *20*

P. O. Address *J. J. Ross*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.