

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034191
STATE FILE NUMBER

FILED OCT 14 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9184

300
1-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
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 Spanish Lake 4010 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 27 Homer Phillips Hospital		Length of stay in lb 36 hrs	d. STREET ADDRESS (If outside, give location) 27 11715 Larimore Rd Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Michael Ferranti			4. DATE OF DEATH Month Day Year Sept. 22 1958		
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 21, 1937	9. AGE (In years at birthday) 21	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory Work	10b. KIND OF BUSINESS OR INDUSTRY Maloney Electric	11. BIRTHPLACE (City and state or country) St. Louis Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Joseph Ferranti		13b. MOTHER'S MAIDEN NAME Anna Serra		14. NAME OF HUSBAND OR WIFE none	
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15. WAS DECEASED EVER IN U. S. ARMY, NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD? (Yes or unknown) (If Yes, give date of discharge) Yes Nov. 30 1941 - Nov. 57	16. SOCIAL SECURITY NO. Nov. 30 1941 - Nov. 57	17. INFORMANT Address Joseph Ferranti 11715 Larimore Rd.			
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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) Gunshot wound of skull and brain.		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) E976x.	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not stated to be terminal disease condition (Give in PART I, if applicable)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE THE INJURY OCCURRED. (Enter nature of injury in PART I, if not stated) Self inflicted injury of 15x45 near groin, about 9:30 am., September 21, 1958.	
20c. TIME OF INJURY 7:30 - 9:21 58		

20d. INJURY OCCURRED WHILE AT WORK <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.) Park	20f. CITY, TOWN, OR LOCATION St Louis Mo	COUNTY	STATE
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21. I attended the deceased from 600 P to 600 P and last saw her alive on Sept 21 1958 in on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Deputy or title) James M Kelly Coroner	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 9.24.58
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23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) burial	23b. DATE Sept. 26-58	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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24. FUNERAL DIRECTOR Miceli & Sons 1150 N. Kingshighway	ADDRESS	25. DATE RECD. BY LOCAL REG. SEP 24 58	26. REGISTRAR'S SIGNATURE Joseph Smith Mo mdb
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(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

Licensed Embalmer No. 4277

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.