

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035025
STATE FILE NUMBER

FILED SEP 29 1958

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2462

300
-57

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Heights</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Richmond Heights</u> ⁴⁴⁸⁵ ₀
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1621 DelNorte</u>		Length of stay in lb <u>25 yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>1621 DelNorte</u>
3. NAME OF DECEASED (Type or print) First <u>Mario</u> Middle <u></u> Last <u>Rivolta</u>			4. DATE OF DEATH Month <u>September</u> Day <u>21</u> Year <u>1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 16, 1900</u>
9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months <u></u> Days <u></u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Motors</u>	11. BIRTHPLACE (City and state or country) <u>Italy</u> ⁵
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Joseph Rivolta</u>	
13b. MOTHER'S MAIDEN NAME <u>Angela</u>		14. NAME OF HUSBAND OR WIFE <u>Louise</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>Yes</u> <u>WW II</u>		16. SOCIAL SECURITY NO. <u>492-10-5380</u>	
17. INFORMANT <u>Louise Rivolta</u>		Address <u>1621 DelNorte</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Prostategland carcinoma</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1/2 year</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <u>1621</u>			
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"/>			
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.)	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____			
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		COUNTY STATE	
21. I attended the deceased from <u>June 25, 1958</u> to <u>Sept 21, 1958</u> and last saw ^{her} him alive on <u>Sept 21</u> Death occurred at <u>739 So. 6th</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Ruth Wanscher M.D.</u> (Degree or title)		22b. ADDRESS <u>462 N. Taylor</u>	
22c. DATE SIGNED <u>9/23/58</u>			
23a. BURIAL CREMATION <u>Burial</u>		23b. DATE <u>9-25-58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>SS Peter & Paul Cemetery</u>		23d. LOCATION (City, town, or county) <u>St. Louis, Mo.</u>	
24. FUNERAL DIRECTOR <u>Calcaterra Funeral Home, 5140 Daggett</u>		25. DATE RECD. BY LOCAL REG. <u>9-24-58</u>	
26. REGISTRAR'S SIGNATURE <u>Herbert R. Dombke M.D.</u>			

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

NOV 14 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 Stanley H. Aifon

Licensed Embalmer No. 4193

P. O. Address St. P.

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.