

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037658

STATE FILE NUMBER

10170

FILED NOV 10 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

5. 300 0
1-57

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, MISSOURI		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 04 BARNES HOSPITAL		Length of stay in 1b 24 59	d. STREET ADDRESS (If outside, give location) 1116 Maple Place Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last VINCENT NMN CALAMIA			4. DATE OF DEATH Month Day Year OCTOBER 22, 1958			
5. SEX Male C	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 21, 1887	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Day 5 1	IF UNDER 24 HRS. Hours Min. 5
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) Retired Electrical Worker		10b. KIND OF BUSINESS OR INDUSTRY Maloney Electric Co.	11. BIRTHPLACE (City and state or country) Italy	12. CITIZEN OF WHAT COUNTRY? 5		
13a. FATHER'S NAME Calogero Calamia		13b. MOTHER'S MAIDEN NAME Antonina Mirabelli		14. NAME OF HUSBAND OR WIFE Catherine Calamia		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 492302624	17. INFORMANT Catherine Calamia 1116 Maple Place 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) MYOCARDIAL INFARCTION		INTERVAL BETWEEN ONSET AND DEATH 6 DAYS
DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE		YEARS
DUE TO (c) 420.0H		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CARCINOMA OF RECTUM, TREATED		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 WORK <input type="checkbox"/> 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 OCT. 15, 1958 to OCT. 22, 1958 and last saw her alive on OCT. 22, 1958 Death occurred at 10:14 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) C. Vermillion, M.D.	22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 10/23/58

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or country) (State)
Burial	October 25, 1958	Calvary Cemetery	St. Louis, Missouri
24. FUNERAL DIRECTOR D. S. ...	ADDRESS 1431 Union Blvd.	25. DATE RECD. BY LOCAL REG. OCT 24 '58	26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. m. 8.13

(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.
never, however, enter more than one abnormal condition in item 18. No symptoms will be listed.

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 *John S. Dunne*
Licensed Embalmer No. *4194*
P. O. Address *H. Falls*

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.