

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-045692  
State File No. 12413

95267-58  
FILED JAN 5 1959

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 12413

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>St. Louis 4, Missouri   |  | c. CITY OR TOWN<br>St. Louis 9   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place)<br>13 1/2 hrs.  |  | e. STREET ADDRESS (If rural, give location)<br>5629 Southwest,   |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <u>13</u> <u>Inmate Ward Hospital 3 - 139</u>   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) JOSEPH  |  | b. (Middle) - c. (Last) GIANINO  |  |
| 4. DATE OF DEATH Dec. 22, 1958  |  | 5. SEX MALE  |  |
| 6. COLOR OR RACE White  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S   |  |
| 8. DATE OF BIRTH Dec. 21, 1958  |  | 9. AGE (In years last birthday) 1 day  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Infant   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br>None  |  |
| 11. BIRTHPLACE (City and State or Foreign Country)<br>St. Louis, Mo.  |  | 12. CITIZEN OF WHAT COUNTRY?<br>American   |  |
| 13a. FATHER'S NAME<br>Frank L. Gianino  |  | 13b. MOTHER'S MAIDEN NAME<br>Marion Evelyn Scott   |  |
| 14. NAME OF HUSBAND OR WIFE<br>None   |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>No   |  |
| 16. SOCIAL SECURITY NO.<br>None   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br>Mrs. Frank Gianino - 5629 Southwest   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) <u>776X</u><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   |  |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  | 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   |  |
| 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  |
| 21f. HOW DID INJURY OCCUR?  |  | 22. I hereby certify that I attended the deceased from <u>12-21</u> , 19 <u>58</u> , to <u>12-22</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>10-21</u> , 19 <u>58</u> , and that death occurred at <u>10:54</u> Am., from the causes and on the date stated above.   |  |
| 23a. SIGNATURE<br><u>Andrew S. Klein, M.D.</u>  |  | 23b. ADDRESS<br><u>4632 So Good</u>  |  |
| 23c. DATE SIGNED<br><u>12-22-58</u>   |  | 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>  |  |
| 24b. DATE<br><u>12-23-1958</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Mt. Olive Cemetery</u>  |  |
| 24d. LOCATION (City, town, or county) (State)<br><u>St. Louis County, Mo.</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>McLAUGHLIN'S, 2301 Lafayette Ave.</u>   |  |
| DATE REC'D BY LOCAL REG.<br><u>DEC 23 58</u>  |  | REGISTRAR'S SIGNATURE<br><u>Realy Smith MD</u>   |  |

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed <sup>NO</sup> by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *James R. Chapman*.....  
Licensed Embalmer No..... *457*.....

P. O. Address *H. L. Linn*.....

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.