Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-010908
STATE FILE NUMBER

FILED MAR 20 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 2290

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis, Missouri — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Louis State Hosp — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 5400 Arsenal St. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: MARY ES — Middle: FRANCES — Last: FRANCESCONI

4. DATE OF DEATH: Month: March — Day: 4, — Year: 1959

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]

8. DATE OF BIRTH: 3-12-1882

9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months: 11 — Days: 22 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): formerly: Domestic

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (City and state or country): St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Paul MANNUZZO

13b. MOTHER'S MAIDEN NAME: Rose (Mastendrea)

14. NAME OF HUSBAND OR WIFE: Anthony Francesconi

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Address: Mrs Marie Balsano 420 West Point Ct.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Hypostatic Pneumonia	7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Generalized Arteriosclerosis	20 yrs.plus
DUE TO (c)	450.0	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Paranoid Schizophrenia

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 Nov. 14, 1932 to March 4, 1959 and last saw her alive on March 4, 1959
Death occurred at 12:15 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): A. F. Heusler M.D. — A F Heusler M D

22b. ADDRESS: 5400 Arsenal St.,

22c. DATE SIGNED: 3-4-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: March 6, 1959

23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis Missouri.

24. FUNERAL DIRECTOR ADDRESS: C.R. Lupton and Sons 7233 Delmar Blv'd.

25. DATE RECD. BY LOCAL REG.: MAR 5 '59

26. REGISTRAR'S SIGNATURE: Earl Smith. M.D.
MDB

(Licensed Embalmer's Statement on Reverse Side)

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, M

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.