

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016295
STATE FILE NUMBER

FILED MAY 7 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 995

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1-57
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695
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1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Manchester		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Manchester N Home		d. STREET ADDRESS 1641 Arlington	
Length of stay in lb one yr		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Joseph Giamanco			4. DATE OF DEATH Month Day Year April 10, 1959		
5. SEX Male	6. COLOR OR RACE Wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 2 WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 30 1868	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) Italy	12. CITIZEN OF WHAT COUNTRY? Italy	
13a. FATHER'S NAME Carlo Giamanco		13b. MOTHER'S MAIDEN NAME Angela Orlando		14. NAME OF HUSBAND OR WIFE Grace	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	17. INFORMANT Address Charles Giamanco 5318 Hamilton		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhagic Necrosis of the Ileum			INTERVAL BETWEEN ONSET AND DEATH 3 1/2 hours
DUE TO (b) Obstruction of the Ileum			
DUE TO (c) Mesenteric Thrombosis			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arterio-sclerosis, Hypertension, Cardiac Hypertrophy			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.) 570.2		
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 April 8, 59 to April 9, 59 and last saw him/her on April 9th 1959 Death occurred at 10:15 AM on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) Ralph W. Kaffey, M.D.	22b. ADDRESS Box 122, Manchester, Mo	22c. DATE SIGNED 4-10-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4/13/59	23c. NAME OF CEMETERY OR CREMATORY Calvary
23d. LOCATION (City, town, or county) (State) St. Louis, Mo		

24. FUNERAL DIRECTOR Miceli 1150 N Kingshiway	25. DATE RECD. BY LOCAL REG. 4-12-59	26. REGISTRAR'S SIGNATURE John C. Murphy M.D.
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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.

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 *Anthony Mucly*
 Licensed Embalmer No. *4277*
 P. O. Address *Freeport*

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.