RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH 2 7585 59-030345

FILED VS AUG 27 1959

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY: St. Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri COUNTY:
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis [illegible] — Length of stay in 1b:	c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 6306 Garesche Ave — Inside Limits: Yes ☐ No ☐	d. STREET ADDRESS (If outside, give location): 6306 Garesche Ave — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: Thomas	Middle: Di Mercurio	Last:	4. DATE OF DEATH: Month: August Day: 12 Year: 1959
5. SEX: Male	6. COLOR OR RACE: White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: Dec.8-1892	9. AGE (last birthday): 66 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Estate	10b. KIND OF BUSINESS OR INDUSTRY: own business	11. BIRTHPLACE (City and state or country): Italy	12. CITIZEN OF WHAT COUNTRY: USA	
13a. FATHER'S NAME: Salvatore Di Mercurio	13b. MOTHER'S MAIDEN NAME: Giuseppa Giammanco	14. NAME OF HUSBAND OR WIFE: Mary		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 488-28-5130	17. INFORMANT: Mary Di Mercurio	Address: 6306 Garesche	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Acute Pulmonary Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1/2 h

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Reticulum Cell Sarcoma — 1 month

DUE TO (c): — 200.0

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 7-9-59 to 8-12-59 and last saw him alive on 8-12-59

Death occurred at 5:30 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Joseph E. Caccioppo MD	22b. ADDRESS: 3400 N. Kingshighway St Louis 15 Mo	22c. DATE SIGNED: 8/14/59	
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Aug. 17-59	23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery	23d. LOCATION (City, town, or county) (State): St. Louis Mo
24. FUNERAL DIRECTOR: Miceli & Sons	ADDRESS: 1150 N. Kingshighway	25. DATE RECD. BY LOCAL REG.: AUG 15 '59	26. REGISTRAR'S SIGNATURE: Hard Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Elmo R. Sad

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.