

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED OCT 13 1959

59-034825

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2591

|  |  |   |  |  |   |  |  |
|--|--|---|--|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b> |   |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Normandy</b>   |  | Length of stay in 1b<br><b>DOA</b>  |  | c. CITY OR TOWN <b>Berkeley</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Normandy Ost. Hospital</b>   |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location)<br><b>8020 Gardner Ave.</b>  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Guy</b> Middle <b>A.</b> Last <b>Picardi</b>   |  |   |  | 4. DATE OF DEATH<br>Month <b>9</b> Day <b>28</b> Year <b>59</b>  |   |  |  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b>       | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>4-5-00</b>  | 9. AGE (last birthday)<br><b>59</b>   | IF UNDER 1 YEAR<br>Months <input type="checkbox"/> Days <input type="checkbox"/>   | IF UNDER 24 HR<br>Hours <input type="checkbox"/> Min. <input type="checkbox"/> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Plaster &amp; Lathing</b>  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Contractor</b>                               |  | 11. BIRTHPLACE (City and state or country)<br><b>Newark, N. J.</b>            |  | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>                                      |
| 13a. FATHER'S NAME<br><b>Rudolph Picardi</b>   |  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b>  |  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Elizabeth Hall Picardi</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |  |   | 16. SOCIAL SECURITY NO.<br><b>488-30-5963</b>  |  | 17. INFORMANT Address<br><b>Rudolph Picardi, Florissant, Missouri</b>         |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:   |  |   |  |  |   | INTERVAL BETWEEN ONSET AND DEATH   |  |
| IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b>   |  |   |  |  |   |  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>old Myocardial Infarction</b>   |  |   |  |  |   | <b>1 1/2 yrs. or</b>   |  |
| DUE TO (c) <b>Coronary Sclerosis!</b>  |  |   |  |  |   |  |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>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.)   |   |  |  |
| 20c. TIME OF INJURY<br>Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.  | Month, Day, Year                       |   |  |  |   |  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <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 <b>June 1957</b> , to <b>Sept 28 1959</b> and last saw him alive on <b>July 1959</b><br>Death occurred at <b>9:40 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |  |   |  |  |
| 22a. SIGNATURE (Degree or title)<br><b>Dr. C. M. Salerno</b>   |  |   | 22b. ADDRESS<br><b>DO. 7320 Florissant</b>   |  | 22c. DATE SIGNED<br><b>9/19/59</b>  |  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |  | 23b. DATE<br><b>10-1-59</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Memorial Park Cemetery</b>                  |  | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Mo.</b> |  |  |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>White-Mullen 118 N. Florissant Rd.</b>  |  |   |  | 25. DATE RECD. BY LOCAL REG.<br><b>9-30-59</b>   | 26. REGISTRAR'S SIGNATURE<br><b>John C. Murphy M.D.</b>                       |  |  |

DOCUMENT

MEDICAL CERTIFICATION

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 me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Reinhold K. Lohman

Licensed Embalmer No. 3395

P. O. Address Ferguson

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.