

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH				-60-003433		
FILED VS FEB 1 1960		Registration District No. _____		Primary Registration District No. _____		
ENDED		Registral's No. 2		426 STATE FILE NUMBER		
1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY ST. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3526 Theresa		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Lena Middle Giaffino Last _____			4. DATE OF DEATH Month Jan. Day 11 Year 1960			
5. SEX Female Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Aug 18 1904	9. AGE (last birthday) 55	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own house	11. BIRTHPLACE (City and state or country) Italy		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Marion Ferrantello		13b. MOTHER'S MAIDEN NAME Josephine Asaro		14. NAME OF HUSBAND OR WIFE Jim		
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. 4 94-09-7547	17. INFORMANT Address Jim Giaffino 3526 Theresa Ave			
18. CAUSE OF DEATH (Enter only one cause per line for (b), (c), and (d). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction DUE TO (b) Coronary Atherosclerosis Myocardial (c) Hypertension 420.1					INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Atherosclerosis, genit. Gastric Ulcers					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 Hour _____ a.m. _____ 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 12/29/59 to 1-11-60 and last saw her/him alive on 1/1/60 Death occurred at 7 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE Charles A. Nomes (Degree or title)			22b. ADDRESS 4401 Hampton Ave.		22c. DATE SIGNED 1/12/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 14-1960	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Mo			
24. FUNERAL DIRECTOR Miceli & Sons 1150 N. Kingshighway		ADDRESS	25. DATE RECD. BY LOCAL REG. JAN 13 1960	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.		

BY AFFIDAVIT OF Informant MEDICAL CERTIFICATION DOCUMENT

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 J. Miceli

Licensed Embalmer No. 4727

P. O. Address St. Louis

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.