URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JUL 22 1960 318 1003 71360-028343

STATE FILE NUMBER

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

ENDED

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Deslodge Hosp. — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY
c. CITY OR TOWN Richmond Heights — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS 7733 St. Albans (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First LENA Middle Last GIACOPELLI
4. DATE OF DEATH Month July Day 14 Year 1960
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH Sept 18, 1892
9. AGE (last birthday) 67 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Italy
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Daig o Vitale
13b. MOTHER'S MAIDEN NAME Francesca Manigo
14. NAME OF HUSBAND OR WIFE Nicholas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT Pete Giacopelli Address 8772 Rankin Dr. Brentwood

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) Left atelectasis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of ampulla of Vater — INTERVAL BETWEEN ONSET AND DEATH: Indef.
DUE TO (c) 155.1
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 LOCATON COUNTY STATE

21. I attended the deceased from 6-28-60 to 7-14-60 and last saw him alive on 7-14-60
Death occurred at 415 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Edwin C. Hamel (Degree or title) M.D.
22b. ADDRESS 8 Ladue St Louis Mo
22c. DATE SIGNED 7/15/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Juyl 18, 1960
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis Mo.

24. FUNERAL DIRECTOR Michelli 1150 No. Kingshighway ADDRESS
25. DATE RECD. BY LOCAL REG. JUL 16 1960
26. REGISTRAR'S SIGNATURE Earl Smith, M.D. acm

(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 Robert M [illegible]

Signature of Student Embalmer

Licensed Embalmer No. 874

P. O. Address St Louis

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