

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

2241 = 61-011712
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2241

FILED VS MAR 16 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 55yrs	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4943 Shaw Ave		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4943 Shaw Ave
3. NAME OF DECEASED (Type or print) First Middle Last Rosalia Vaccaro		4. DATE OF DEATH Month Day Year March 5, 1961	

5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Aug. 11 1886	9. AGE (last birthday) 74	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 ownhouse	11. BIRTHPLACE (City and state or country) Italy		12. CITIZEN OF WHAT COUNTRY USA	

13a. FATHER'S NAME Vincent Pona		13b. MOTHER'S MAIDEN NAME Francesca Pona		14. NAME OF HUSBAND OR WIFE Silvestro	
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. none		17. INFORMANT Filomena Latragna 3336 Norma Ct 9	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Acute pulmonary edema			1 hour
DUE TO (b) Atherosclerotic heart disease			2 years
DUE TO (c) Generalized arteriosclerosis			5 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200			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 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 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 Mar 1960 to 5 Mar '61 and last saw her him alive on 5 Mar '61 Death occurred at 11:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE Joseph B. Cocea M.D.	(Degree or title)	22b. ADDRESS 3915 Watson Rd	22c. DATE SIGNED 7 Mar '61
--	-------------------	--------------------------------	-------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Mar. 8-61	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	23d. LOCATION (City, town, or county) St. Louis Missouri	(State)
---	------------------------	---	---	---------

24. FUNERAL DIRECTOR Miceli & Sons Funeral 1150 N. Kilmer Highway	ADDRESS	25. DATE RECD. BY LOCAL REG. MAR 8 1961	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.
---	---------	--	---

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 Etton R. Remelun

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo

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.