

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-015626

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4183 STATE FILE NUMBER

DATE AMENDED: 6/1/61
 INSTEAD OF: Jan. 14, 1891 & 70
 DOCUMENT: Own birth record
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF Inf. 8 & 9 Jan. 26, 1881 & 80
 ITEM NO. SHOULD READ

FILED MAY 10 1961

| | | | | | |
|---|---|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u> | | Length of stay in lb <u>60 yrs</u> | c. CITY OR TOWN <u>Creve Coeur</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Faith Hospital</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>63 Chaminade Dr</u> | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Joseph Sciales</u> | | | 4. DATE OF DEATH Month Day Year <u>May 1 1961</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Jan 26 1881</u> | 9. AGE (last birthday) <u>80 70</u> | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GROCEr</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Wholesale Grocery</u> | 11. BIRTHPLACE (City and state or country) <u>Italy</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |
| 13a. FATHER'S NAME <u>Giuseppe Sciales</u> | | 13b. MOTHER'S MAIDEN NAME <u>Rosalie unk</u> | | 14. NAME OF HUSBAND OR WIFE <u>Benvenuta</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>no</u> | 17. INFORMANT Address <u>Jack Sciales 63 Chaminade</u> | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>myocardial infarction</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> | | | | | <u>Chronic</u> |
| DUE TO (c) <u>4200</u> | | | | | |
| 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. <input type="checkbox"/> Yes <input type="checkbox"/> N- <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 s.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 <u>march 1949</u> to <u>May 1, 1961</u> and last saw <u>her</u> him alive on <u>May 1, 1961</u> Death occurred at <u>1:00 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <u>R. McChambers MD</u> | | | 22b. ADDRESS <u>607 No Grand</u> | | 22c. DATE SIGNED <u>5/2/61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>May 4, 1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery.</u> | 23d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u> | | |
| 24. FUNERAL DIRECTOR <u>Miceli & Sons 1150 N. Kingshighway</u> | | 25. DATE RECD. BY LOCAL REG. <u>MAY 2 1961</u> | 26. REGISTRAR'S SIGNATURE <u>Paul Smith, M.D.</u> | | |

607 Pro Gnd
in Champus

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 *John J. Haines*
Licensed Embalmer No. 4108

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.