

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018896  
STATE FILE NUMBER

AMENDED

FILED JUN 8 1961  
Primary Registration District No. 1003  
Registrar's No. 4823

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis Mo				Length of stay in 1b		c. CITY OR TOWN St Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Faith Hospital				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1517 Hogan str.	
3. NAME OF DECEASED (Type or print) First MIDDLE Last ANTHONY COLLETTI				4. DATE OF DEATH Month Day Year 5 20 1961			
5. SEX 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 3/8/1889	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shear Operator				10b. KIND OF BUSINESS OR INDUSTRY ITLAY		12. CITIZEN OF WHAT COUNTRY Yes	
13a. FATHER'S NAME VINCENT COLLETTI			13b. MOTHER'S MAIDEN NAME ANTOINETTE UNKNOWN		14. NAME OF HUSBAND OR WIFE Josephine COLLETTI		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				17. INFORMANT Address Josephine COLLETTI 1517 HOGAN ST.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Infarction DUE TO (b) -61 DUE TO (c) 420.1 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) Pulmonary Edema							INTERVAL BETWEEN ONSET AND DEATH Acute 5/19/61
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 5/19/61 to 5/20/61 and last saw her alive on 5/20/61 Death occurred at 5/19/61 A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) O. J. Signorelli - M.D.				22b. ADDRESS 3400 N. Kingshighway		22c. DATE SIGNED 5/20/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/23/61		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) St Louis Mo	
24. FUNERAL DIRECTOR John Stugar & Son 5541 Riverview				25. DATE RECD. BY LOCAL REG. MAY 22 1961		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.	

**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 *J. M. Rustin*

Licensed Embalmer No. 3980

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.