

AMENDED

FILED JUN 16 1961 318 Primary Registration District No. 1003 Registrar's No. 5238 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Length of stay in 1b <i>50 yrs</i>	c. CITY OR TOWN <i>St. Louis</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Johns Hosp.</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>2330 Mollanphy</i>
3. NAME OF DECEASED (Type or print) First <i>Angelina</i> Middle <i>Apollo</i> Last		4. DATE OF DEATH Month <i>June</i> Day <i>3</i> Year <i>1961</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>11/23/1886</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>seamstress</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Mens clothing</i>	9. AGE (last birthday) <i>74</i>
11. BIRTHPLACE (City and state or country) <i>Italy</i>		12. CITIZEN OF WHAT COUNTRY <i>Italy</i>	
13a. FATHER'S NAME <i>Carlo Ippolito</i>		13b. MOTHER'S MAIDEN NAME <i>Mary (unk)</i>	14. NAME OF HUSBAND OR WIFE <i>Vincenzo</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		17. INFORMANT Address <i>Ben Apollo 8213 John Pl</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial infarction</i>			INTERVAL BETWEEN ONSET AND DEATH <i>24 hr.</i>
DUE TO (b) <i>arteriosclerotic heart disease</i>			
DUE TO (c) <i>420.0</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Diabetes mellitus</i>			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: 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 <i>1958</i> to <i>June 3, 1961</i> and last saw her alive on <i>June 2, 1961</i> Death occurred at <i>12:05</i> <i>A</i> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Andrew J. Fritsch M.D.</i>		22b. ADDRESS <i>307 S. Euclid, St. Louis, Mo.</i>	22c. DATE SIGNED <i>6-3-61</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>June 6 1961</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary</i>	23d. LOCATION (City, town, or county) <i>St. Louis, Mo.</i> (State)
24. FUNERAL DIRECTOR <i>Miceli 1150 N. Kingshiway</i>		25. DATE RECD. BY LOCAL REG. <i>JUN 5 1961</i>	26. REGISTRAR'S SIGNATURE <i>Earl Smith. M.D.</i>

MEDICAL CERTIFICATION

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

*Anthony J. Miceli*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

*4277  
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.