

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-022450

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5859

AMENDED

DECEASED JUL 13 1961

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>8 days</i>	c. CITY OR TOWN <i>St. Louis</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>City Hosp.</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>1600 N. 17th St.</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>Sam</i> Middle <i>Salvatore</i> Last <i>Daleo</i>			4. DATE OF DEATH Month <i>June</i> Day <i>22</i> Year <i>1961</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Wh</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>12/25/1886</i>	9. AGE (last birthday) <i>74</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of previous year even if retired) <i>Produce</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Produce</i>	11. BIRTHPLACE (City and state or country) <i>Italy</i>		12. CITIZEN OF WHAT COUNTRY <i>Italy</i>
13a. FATHER'S NAME <i>Joseph Daleo</i>		13b. MOTHER'S MAIDEN NAME <i>Providence</i>		14. NAME OF HUSBAND OR WIFE <i>Rose</i>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no , or unknown) (If yes, give war or dates of service)

17. INFORMANT Address *Prudence Laudano 2231 A Howard*

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) *Fracture of left hip generalized osteo-*

DUE TO (b) *sclerosis, suffered in fall at home on*

DUE TO (c) *June 16, 1961. accident*

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) *904.0-21*

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.) *See above*

20c. TIME OF INJURY Hour *?* a.m. *?* p.m. *?* Month, Day, Year *6-16-61*

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.) *at home*

20f. CITY, TOWN, OR LOCATION *St. Louis, Mo* COUNTY STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____

Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree, if title) *[Signature]* 22b. ADDRESS *1300 Clark* 22c. DATE SIGNED *6-23-61*

23a. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 23b. DATE *6/26/61* 23c. NAME OF CEMETERY OR CREMATORY *Calvary* 23d. LOCATION (City, town, or county) (State) *St. Louis, Mo*

24. FUNERAL DIRECTOR ADDRESS *Miceli 1150 N. Kingshiway* 25. DATE RECD. BY LOCAL REG. *JUN 23 1961* 26. REGISTRAR'S SIGNATURE *[Signature]*

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 Robert M. Murray

Licensed Embalmer No. 3749

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.