

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7893**

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Florida</i> b. COUNTY	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>	Length of stay in 1b <i>3 months</i>	c. CITY OR TOWN <i>Miami</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Incarinate Word</i>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>450 So. 64th Ave</i>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>Frank Di Paola</i>			4. DATE OF DEATH Month Day Year <i>August 19 1961</i>		
5. SEX <i>Male</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>July 3 1872</i>	9. AGE (last birthday) <i>89</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <i>Shoe Repair</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Shoe repair</i>	11. BIRTHPLACE (City and state or country) <i>Italy</i>	12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13a. FATHER'S NAME <i>Onazio Di Paola</i>		13b. MOTHER'S MAIDEN NAME <i>Ann</i>		14. NAME OF HUSBAND OR WIFE <i>Sarina</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <del>no</del> or unknown)   (If yes, give <del>wt</del> or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>	17. INFORMANT Address <i>Mrs. Ann D'Alto 7570 Buckingham</i>		

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)	<i>Acute myocardial failure</i>	<i>Sudden</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	<i>3 weeks</i>
	DUE TO (c)	<i>445x</i>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>none</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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 <i>July 28-61</i> to <i>Aug 19-61</i> and last saw him alive on <i>Aug. 19-1961</i> Death occurred at <i>10:45 a.m.</i> on the date stated above, and to the best of my knowledge from the causes stated.				

22a. SIGNATURE (Ink, name or title) <i>Edward H. Snyder M.D.</i>	22b. ADDRESS <i>705 Olive St.</i>	22c. DATE SIGNED <i>8-22-61</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Aug. 25, 1961</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis Missouri</i>

24. FUNERAL DIRECTOR ADDRESS <i>Miceli &amp; Sons 1150 N. Kingshighway</i>	25. DATE RECD. BY LOCAL REG. <i>AUG 24 1961</i>	26. REGISTRAR'S SIGNATURE <i>Road Smith. M.D.</i>
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DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
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. Muelts*

Licensed Embalmer No.

*4277*

P. O. Address

*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.