

MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-038377  
STATE FILE NUMBER

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9766**

FILED NOV 8 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>4 mo.</i>	c. CITY OR TOWN <i>St. Louis</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Faith Hospital</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>2229 Mullanphy</i>
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First *Josephine* Middle *Candela* Last  
4. DATE OF DEATH Month *Oct* Day *22* Year *1961*

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>July 18, 1879</i>	9. AGE (last birthday) <i>82</i>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during normal working life, even if retired) <i>housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>housewife</i>	11. BIRTHPLACE (City and state or country) <i>Italy</i>	12. CITIZEN OF WHAT COUNTRY <i>Italy</i>
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13a. FATHER'S NAME <i>Frank Mirabeli</i>	13b. MOTHER'S MAIDEN NAME <i>Manuela Genovese</i>	14. NAME OF HUSBAND OR WIFE <i>Natalo</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>no</i>	17. INFORMANT <i>Sam Candela 4730 Roxie</i>	Address
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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>Acute Myocardial Cerebral Hemorrhage 6 hours</i>	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Acute Pulmonary Edema 3 hours</i>	
DUE TO (c) <i>Acute Cardiac Decompensation 7 weeks</i>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
*Hemiplegic Right - HVD - AS4D*

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  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.) <i>443x</i>
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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
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21. I attended the deceased from *1952* to *Oct 22 1961* and last saw her *Oct 22 1961* alive on *Oct 22 1961*  
Death occurred at *12:30 AM* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Joseph F. Parry MD</i> (Degree or title)	22b. ADDRESS <i>ST. LOUIS 5, MO 3400 N. KINGS HIGHWAY</i>	22c. DATE SIGNED <i>10-23-61</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Oct 25, 1961</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>
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24. FUNERAL DIRECTOR <i>Miceli 1150 No. Kingshighway</i>	ADDRESS	25. DATE RECD. BY LOCAL REG. <i>OCT 23 1961</i>	26. REGISTRAR'S SIGNATURE <i>Loal Smith, M.D.</i>
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DATE AMENDED

INSTEAD OF DOCUMENT

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 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.