

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-042381**

**FILED NOV 28 1961**

**1003**

**10738**

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

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 <b>St. Louis</b>		a. STATE <b>Missouri</b> COUNTY <b>St. Louis</b>	
Length of stay in 1b <b>6 days</b>		c. CITY OR TOWN <b>Shrewsbury</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Anthony's Hospital</b>		d. STREET ADDRESS (if outside, give location) <b>7317 Weil</b>	
3. NAME OF DECEASED (Type or print) First <b>Vincenza</b> Middle <b>NME</b> Last <b>Fedele</b>		4. DATE OF DEATH Month <b>11</b> Day <b>17</b> Year <b>1961</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-29-1874</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	9. AGE (last birthday) <b>87</b>
11. BIRTHPLACE (City and state or country) <b>Italy</b>		12. CITIZEN OF WHAT COUNTRY <b>USA Nat'l</b>	
13a. FATHER'S NAME <b>JOHN MARINO</b>		13b. MOTHER'S MAIDEN NAME <b>MICHAELA RUSSO</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		14. NAME OF HUSBAND OR WIFE <b>Joseph Fedele</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>John Fedele (Son) 7317 Weil, Shrewsbury, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Ch. myocarditis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs +</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</b>			<b>2 yrs +</b>
DUE TO (c) <b>Senility 422.1</b>			<b>2 yrs +</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 <b>1</b> a.m. <b>1</b> 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 <b>6.30 PM 2/2/58</b> , to <b>11/17/61</b> and last saw her <b>alive</b> on <b>11/17/1961</b>		Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>Robert P Smith MD</b> (Degree or title)		22b. ADDRESS <b>5203 Chippewa Dr</b>	22c. DATE SIGNED <b>11/18/61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal-Rail</b>	23b. DATE <b>11-18-1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Carmel Cemetery, CHIPPewa, Cook County, Ill.,</b>	23d. LOCATION (City, town, or county) <b>Ill.,</b>
24. FUNERAL DIRECTOR <b>Hoffmeister Colonial Mortuary</b> <b>6464 Chippewa Street, St. Louis 9, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>NOV 18 1961</b>	26. REGISTRAR'S SIGNATURE <b>Loan Smith, M.D.</b>

BY AFFIDAVIT OF

x

**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 D. ...*

Licensed Embalmer No. 41940

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.