

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046217

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11992

STATE FILE NUMBER

FILED JAN 5 1962

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) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO. | | Length of stay in 1b | c. CITY OR TOWN St. Louis |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1 | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 3833 Oseola |

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|---|----------------------------------|---|--|-------------------------------------|--|
| 3. NAME OF DECEASED (Type or print) First JOSEPH Middle DEPAOLI Last | | | 4. DATE OF DEATH Month DEC. Day 21 Year 1961 | | |
| 5. SEX Male | 6. COLOR OR RACE white | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 6-30-1885 | 9. AGE (last birthday) 76 | 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 most of working life, even if retired) Retired - Marble Checker | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Italy | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
| 13a. FATHER'S NAME Not Known | | 13b. MOTHER'S MAIDEN NAME Not Known | 14. NAME OF HUSBAND OR WIFE Schraudern Elizabeth DePaoli |

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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) no | 17. INFORMANT Elizabeth De Paoli 3833 Oseola |
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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) Pneumonia Rt Lung | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) 493x | |
| | DUE TO (c) | |

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| 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 |
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| 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.) |
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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 |
|--|--|--|--|

21. I attended the deceased from **12-9-61** to **12-21-61** and last saw her alive on **12-21-61**
Death occurred at **7:20** p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) John McFarlane M.D. | 22b. ADDRESS 1515 LAFAYETTE AVE. | 22c. DATE SIGNED 12-21-61 |
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|---|--------------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 12-23-1961 | 23c. NAME OF CEMETERY OR CREMATORY Milford New Hampshire | 23d. LOCATION (City, town, or county) (State) Milford New Hampshire |
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| 24. FUNERAL DIRECTOR Wingbermuehle F. Home | ADDRESS 3819 S. Grand | 25. DATE RECD. BY LOCAL REG. DEC 22 1961 | 26. REGISTRAR'S SIGNATURE Carol Smith, M.D. |
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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 *Ed Douglasmable*
Licensed Embalmer No. 4611

P. O. Address *St. Louis 18*

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.