

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

**=61-047134**

Registration District No. **317**

Primary Registration District No. **500**

Registrar's No. **3479**

STATE FILE NUMBER

AMENDED

**FILED DEC 18 1961**

DATE AMENDED

INSTEAD OF

BY AFFIDAVIT OF

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 <i>St Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Berkely</i>		c. CITY OR TOWN <i>Berkely</i>	
Length of stay in 1b <i>7 mo.</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>Hubbart Nursing Home</i>		d. STREET ADDRESS (If outside, give location) <i>9732 Natural Bridge</i>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Giuseppa Josie De Luca</i>			4. DATE OF DEATH Month Day Year <i>Dec 9 1961</i>
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>1/19/1884</i>
9. AGE (last birthday) <i>77</i>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during <del>last 10 years</del> life, even if retired) <i>seamstress</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>clothing</i>	11. BIRTHPLACE (City and state or country) <i>Italy USA</i>
12. CITIZEN OF WHAT COUNTRY <i>USA</i>		13a. FATHER'S NAME <i>Salvatore Leone</i>	
13b. MOTHER'S MAIDEN NAME <i>Antonina Taormino</i>		14. NAME OF HUSBAND OR WIFE <i>Battista</i>	
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>—</i>	
17. INFORMANT <i>Peter DeLuca 111 N. Forsythe</i>		Address	
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>Chr. Myocarditis</i> DUE TO (b) <i>Arterio-sclerosis</i> DUE TO (c) <i>Serulicity</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <i>7 mo</i> <i>2 yrs</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Serulicity</i>			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 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>Aug 30, 1961</i> to <i>Dec 7, 1961</i> and last saw her <sup>her</sup> alive on <i>Dec 7, 1961</i> Death occurred at <i>5:25</i> <i>a</i> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Maurice A. DeLuca MD.</i>		22b. ADDRESS <i>9385 Bage Blvd St. Louis, Mo</i>	22c. DATE SIGNED <i>12/9/61</i>
23a. BURIAL, CREMATION, or REMOVAL (Specify)	23b. DATE <i>12/11/61</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo</i>
24. FUNERAL DIRECTOR <i>Miceli 1150 N. Kingshiway</i>	25. DATE RECD. BY LOCAL REG. <i>12-9-61</i>	26. REGISTRAR'S SIGNATURE <i>John C. Murphy M.D.</i>	

**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. Grucich

Licensed Embalmer No. 4227

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.