

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025138

Registration District No. **318** Primary Registration District **1003** Registrar's No. **5805** STATE FILE NUMBER

FILED JUN 18 1962

1. PLACE OF DEATH
a. COUNTY **St. Louis**

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** Length of stay in 1b **30 yrs** c. CITY OR TOWN **St. Louis** Inside Limits Yes No

c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **Faith Hospital** Inside Limits Yes No d. STREET ADDRESS (If outside, give location) **713 N. Kingshighway** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **James Saracini** 4. DATE OF DEATH Month Day Year **June 11 1962**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **Nov. 4 1872** 9. AGE (last birthday) **89** IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Merchant** 10b. KIND OF BUSINESS OR INDUSTRY **Grocery** 11. BIRTHPLACE (City and state or country) **Italy** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Antonio Saracini** 13b. MOTHER'S MAIDEN NAME **Marie Antionette (Unknown)** 14. NAME OF HUSBAND OR WIFE **Rose Marie**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **---** 17. INFORMANT Address **Mrs. Suda Walsh 5207 McCausland**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Coronary thrombosis**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **generalized arteriosclerosis**
DUE TO (c) **bronchopneumonia**
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **4201** PART III. If deceased was female Was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 **10/2/59** to **6/11/62** and last saw him alive on **6/10/62**
Death occurred at **4:30 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Max S. Franklin M.D.** 22b. ADDRESS **607 N. Grand** 22c. DATE SIGNED **6/11/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **June 13 1962** 23c. NAME OF CEMETERY OR CREMATORY **Sacred Heart Cemetery** 23d. LOCATION (City, town, or county) (State) **Poplar Bluff Missouri**

24. FUNERAL DIRECTOR ADDRESS **Miceli & Sons 1150 N. Kingshighway** 25. DATE RECD. BY LOCAL REG. **JUN 11 1962** 26. REGISTRAR'S SIGNATURE **Loan Smith, M.D.**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1
2 **212**
3
4 **0**
5 **2**
6
7 **2**
8 **2**
9
10
11
12 **60-0**
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

60

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

Stanley H. Dixon

Licensed Embalmer No.

4193

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.