

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033233

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2364

FILED SEP 4 1962

VS 300	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	DATE AMENDED	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF	SHOULD READ	ITEM NO.
Rev. 4/59								
14031								
2 213								
3								
4 0								
5 1								
6								
7 2								
8 1								
9 +								
10								
11								
1243-2								
13								
43								

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Normandy, Missouri.</u>		Length of stay in 1b <u>HRS.</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Normandy Osteopathic Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1915 Sublette Avenue.</u>
3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Miriani</u> Last _____			4. DATE OF DEATH Month <u>August</u> Day <u>12</u> Year <u>1962</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/15/1886</u>	9. AGE (last birthday) <u>75</u>	IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Merchant</u>		11. BIRTHPLACE (City and state or country) <u>Italy</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Benidetto Miriani</u>		13b. MOTHER'S MAIDEN NAME <u>Theresa Unavailable</u>	
14. NAME OF HUSBAND OR WIFE <u>Maria Miriani</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Nil</u>	
17. INFORMANT <u>Maria Miriani, 1915 Sublette Avenue.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Cardiac arrest</u>		DUE TO (b) <u>Hypertensive shock</u>			
DUE TO (c) <u>Distraction + duodenal obstruction</u>		DUE TO (d) <u>2 floor</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Mechanical obstruction of duodenum by concretions</u>			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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>544.1</u>			
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 <u>8-11-62</u> to <u>8-12-62</u> and last saw her/him alive on <u>8-12-62</u> . Death occurred at <u>5:25 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Donald Gordon M.D.</u>			22b. ADDRESS <u>2520 Nat bridge 21</u>		22c. DATE SIGNED <u>8/14/62</u>
23a. BURIAL, CREMATION, OR OTHER DISPOSAL <u>BURIAL</u>		23b. DATE <u>8/16/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SS Peter & Paul Cemetery</u>		23d. LOCATION (City, town, or county) <u>St. Louis County Missouri</u>
24. FUNERAL DIRECTOR <u>Calcaterra Funeral Home, 5140 Daggett Ave.</u>		25. DATE RECD. BY LOCAL REG. <u>8-14-62</u>		26. REGISTRAR'S SIGNATURE <u>John B. Murphy M.D.</u>	

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 J. W. Dumbley

Licensed Embalmer No. 3653

P. O. Address J. W. Dumbley

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.