MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-041119
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 546 Registrar's No. 2988

FILED NOV 13 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 400X
2 20 79
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4 0
5 1
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91

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Overland
Length of stay in 1b: 2 Months
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 4201 McKibbon Road
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN: St. Louis
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 5931 Dressell
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Paoletto Middle: PAOLETTI Last:
4. DATE OF DEATH: Month: October Day: 15 Year: 1962
5. SEX: Male
6. COLOR OR RACE: Caucasian
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 6-18-83
9. AGE (last birthday): 79
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): Tavern Owner
10b. KIND OF BUSINESS OR INDUSTRY: Tavern
11. BIRTHPLACE (City and state or country): Italy
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: Abraham Paoletti
13b. MOTHER'S MAIDEN NAME: Leontina (Unknown)
14. NAME OF HUSBAND OR WIFE: Adelinda Pisci Paoletti
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: ---
17. INFORMANT: Address: Mrs. Adelinda Paoletti, 5931 Dressell

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral arteriosclerosis — 4 yrs.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Decubitus ulcers 2½ months
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): No injury
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 May 1956 to Oct. 15, 1962 and last saw him alive on Oct. 13, 1962
Death occurred at 8:45 A.M. Oct. 15, 1962 on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): David M Lieberman MD
David M. Lieberman, M. D.
22b. ADDRESS: 457 N. Kingshighway
22c. DATE SIGNED: 10-16-62
23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
23b. DATE: 10-18-62
23c. NAME OF CEMETERY OR CREMATORY: Vahalla Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis, Missouri
24. FUNERAL DIRECTOR: Arthur J Donnelly
ADDRESS: 3840 Lindell Blvd.
25. DATE RECD. BY LOCAL REG.: 10-16-62
26. REGISTRAR'S SIGNATURE: John G. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

Poaletti

Dr. Liebermann
457 N. Kingshighway

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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address 3840 Lindell

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.