

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045422

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3488

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 10 1962	
1. PLACE OF DEATH	
a. COUNTY St. Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Manchester	a. STATE Missouri b. COUNTY St. Louis
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Manchester Nursing Home	c. CITY OR TOWN Spanish Lake Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. STREET ADDRESS 11135 Larimore Road	d. STREET ADDRESS (If outside, give location) 11135 Larimore Road Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED	
First CHARLIE	Middle RIAMONDI
Last RIAMONDI	
4. DATE OF DEATH November 28, 1962	
5. SEX Male	6. COLOR OR RACE White
7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-6-1902
9. AGE (last birthday) 60	
IF UNDER 1 YEAR IF UNDER 24 HR	
Months	Days
Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	
10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (City and state or country) Italy
12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME ----- Riamondi	
13b. MOTHER'S MAIDEN NAME ----- Ribechetta	
14. NAME OF HUSBAND OR WIFE Never Married	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	
16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Rose Ferriars, 11135 Larimore Road	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Cardiac of the Throat	
DUE TO (b) _____	
DUE TO (c) _____	
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 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 St. Louis COUNTY Missouri STATE	
21. I attended the deceased from Nov. 2nd, 1962 to Nov. 27, 1962 and last saw him alive on Nov. 27th, 1962 Death occurred at 5:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree/Title) Rachel W. Zaffey, D. S.	
22b. ADDRESS Box 122, Manchester, Mo.	
22c. DATE SIGNED 11-29-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Nov. 30, 1962
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
23d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
24. FUNERAL DIRECTOR ADDRESS Calvin F. Feutz Funeral Home 4828 Natural Bridge Blvd.	
25. DATE RECD. BY LOCAL REG. 11-29-62	
26. REGISTRAR'S SIGNATURE John C. Murphy Md.	

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Ralph W. Lafey
Manchester Road & Hwy 41
LA 7-6621

Dr's office is his home
call late this afternoon
AFTER 6:00 PM THURSDAY
COUNTY

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 Robert E. Mahleman

Licensed Embalmer No. 4916

P. O. Address St. Louis, Mo.

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.