

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH.

-63-009293

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1659**

STATE FILE NUMBER.

FILED FEB 21 1963

DO NOT WRITE ON THIS STUB	AMENDED	DATE AMENDED	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
VS 300 Rev. 4/59						
1						
4/10/63						
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4 6						
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12 59-0						
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59						
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS						
ITEM NO.	SHOULD READ					

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission): a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only): OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>Bissell Hills</i>	
c. FULL NAME OF (If NOT in hospital, give location): HOSPITAL OR INSTITUTION: <i>De Paul Hospital</i>		d. STREET ADDRESS: (If outside, give location): <i>10387 Ashbrook</i>	
3. NAME OF DECEASED (Type or print): First Middle Last: <i>John Giovanni Rocco</i>		4. DATE OF DEATH: Month Day Year: <i>February 14, 1963</i>	
5. SEX: <i>Male</i>	6. COLOR OR RACE: <i>White</i>	7. Married: <input checked="" type="checkbox"/> Never Married: <input type="checkbox"/> Widowed: <input type="checkbox"/> Divorced: <input type="checkbox"/>	8. DATE OF BIRTH: <i>3-25-85</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <i>Produce</i>		10b. KIND OF BUSINESS OR INDUSTRY: <i>Produce</i>	
13a. FATHER'S NAME: <i>Casper Rocco</i>		13b. MOTHER'S MAIDEN NAME: <i>Maria Altoleva</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): <i>no no</i>		17. INFORMANT: Address: <i>Casper Rocco 1812 Dunnideer - 3</i>	
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>Coronary Thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH: <i>1 month</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): <i>A. &amp; H. D.</i>		2 years	
DUE TO (c): <i>arteriosclerosis</i>		6 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): <i>4200</i>		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 COUNTY STATE	
21. I attended the deceased from <i>Oct 1 - 6</i> to <i>Feb. 14/63</i> and last saw him alive on <i>Feb 13/63</i> . Death occurred at <i>8:10 a.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title): <i>Francis J. Keller M.D.</i>		22b. ADDRESS: <i>4114 W. Howard</i>	
22c. DATE SIGNED: <i>2/14/63</i>		22d. LOCATION (City, town, or county) (State): <i>St. Louis Missouri</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify): <i>Burial</i>	23b. DATE: <i>Feb. 16-63</i>	23c. NAME OF CEMETERY OR CREMATORY: <i>Calvary Cemetery</i>	
24. FUNERAL DIRECTOR ADDRESS: <i>Miceli &amp; Sons 1150 N. Kingshighway</i>		25. DATE RECD. BY LOCAL REG.: <i>FEB 15 1963</i>	
26. REGISTRAR'S SIGNATURE: <i>Loed Smith, M.D.</i>			

USE BLACK INK OR TYPEWRITER RIBBON

**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 James Bambley

Licensed Embalmer No. 2453

P. O. Address H Dunbar

**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.