

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-013247

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3393

FILED MAR 28 1963

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE Illinois b. COUNTY Macoupin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b 4 Days	c. CITY OR TOWN Staunton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF DECEASED (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 101 S Edwardsville St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First VINCENT Middle - Last FICARRO			4. DATE OF DEATH Month MARCH Day 20 Year 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 10, 1895
9. AGE (last birthday) 67		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner		10b. KIND OF BUSINESS OR INDUSTRY Coal Mining	11. BIRTHPLACE (City and state or country) Italy
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Anthony Ficarro	
13b. MOTHER'S MAIDEN NAME Florence Campnella		14. NAME OF HUSBAND OR WIFE Mary Ficarro	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. -	17. INFORMANT Mrs. Mary Ficarro Address 101 S Edwardsville Staunton, Illinois
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ACUTE PULMONARY EMBOLUS			INTERVAL BETWEEN ONSET AND DEATH 4 Hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) OBSTRUCTIVE EMPHYSEMA			20 years
DUE TO (c) 527.1			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Duodenal ulcer, acute			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 checked="" type="checkbox"/> NO <input 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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	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 Staunton, Illinois
21. I attended the deceased from 11/6/59 to 3/20/63 and last saw her/him alive on 3/20/63 Death occurred at 4:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22. ADDRESS BARNES HOSPITAL	
22a. SIGNATURE <i>C. D. Vermillion, M.D.</i> (Degree or title) M.D.		22c. DATE SIGNED 3/21/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-24-1963	23c. NAME OF CEMETERY OR CREMATORY Memorial Park	23d. LOCATION (City, town, or county) (State) Staunton, Illinois
24. FUNERAL DIRECTOR Fritz Funeral Home		25. DATE RECD. BY LOCAL REG. Mar. 23, 1963	26. REGISTRAR'S SIGNATURE <i>Loed Smith, M.D.</i>

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 Not Embalmed

Fritz Funeral Home
121 S. Edwardsville St
Licensed Embalmer No. Stanton, Illinois

P. O. Address Robert A Fritz

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.