MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-63-014308

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 743

FILED APR 2 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1	4005
2	213
3	
4	1
5	0
6	
7	0
8	0
9	773.5
10	
11	
12	46-0
13	
	46

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED 9 2

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Hgts — Length of stay in 1b 2 DAYS
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St Mary's Hosp — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY
c. CITY OR TOWN St Louis — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 5037 Laggett — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Ann Middle — Last Misuraca

4. DATE OF DEATH Month Mar Day 2 Year 63

5. SEX Fe

6. COLOR OR RACE Wh

7. Married ☐ Widowed ☐ Never Married ☑ Divorced ☐

8. DATE OF BIRTH 3/28/63

9. AGE (last birthday) — IF UNDER 1 YEAR Months Days 2 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and state or country) Richmond Hgts Mo

12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME Victor Misuraca

13b. MOTHER'S MAIDEN NAME Dorothy Mugavero

14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of [redacted]

16. SOCIAL SECURITY NO.

17. INFORMANT Victor Misuraca — Address 5037 Laggett

18. CAUSE OF DEATH (Enter only one cause per [redacted]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Prematurity

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Respiratory failure

DUE TO (c) 773.5

INTERVAL BETWEEN ONSET AND DEATH

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ 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 2-28-63, to 3-2-63 and last saw her/him alive on 3-1-63

Death occurred at 7 45 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert L Kow (Degree or title) MD

22b. ADDRESS 150 N Meramec

22c. DATE SIGNED 3-2-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE Mar 4/63

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

23d. LOCATION (City, town, or county) St Louis (State) Mo

24. FUNERAL DIRECTOR Micels — ADDRESS 1150 No Kingshiway

25. DATE RECD. BY LOCAL REG. 3-4-63

26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

150 No Pharmacy

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 Not Embalmed, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Anthony Smith

Licensed Embalmer No. 4077

P. O. Address St Louis

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.