

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-017485

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4672** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 2 1963

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Illinois** b. COUNTY **Madison**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **ST. LOUIS, MISSOURI** Length of stay in 1b **13hrs**

c. CITY OR TOWN **Collinsville** Inside Limits Yes No

c. FULL NAME OF (If not a hospital, give location) HOSPITAL OR INSTITUTION **BARNES HOSPITAL** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **306 Strong** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **FRANK CHISTE**

4. DATE OF DEATH Month Day Year **April 28 1963**

5. SEX **male** 6. COLOR OR RACE **white** 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH **2-12-1925** 9. AGE (last birthday) **38** 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) **Millwright** 10b. KIND OF BUSINESS OR INDUSTRY **Steel** 11. BIRTHPLACE (City and state or country) **Collinsville, Ill.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Clemante Chiste** 13b. MOTHER'S MAIDEN NAME **Maria Danielli** 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **yes W.W.I** 16. SOCIAL SECURITY NO. 17. INFORMANT **John P. Chiste** Address **Hollywood, Florida**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Intracerebral Hemorrhage** INTERVAL BETWEEN ONSET AND DEATH **12 hours**
DUE TO (b) **Chronic glomerulonephritis & pyelonephritis** **1 year**
DUE TO (c) **592x**
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 **12/28/62** to **4/28/63** and last saw her **4/28/63** alive on **4/28/63**. Death occurred at **12:55 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **[Signature] M.D.** 22b. ADDRESS **BARNES HOSPITAL** 22c. DATE SIGNED **4/29/63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **removal** 23b. DATE **5-1-63** 23c. NAME OF CEMETERY OR CREMATORY **Catholic Cemetery** 23d. LOCATION (City, town, or county) (State) **Collinsville, Ill.**

24. FUNERAL DIRECTOR **Herr Funeral Home** ADDRESS **Collinsville, Illinois** 25. DATE RECD. BY LOCAL REG. **APR 29 1963** 26. REGISTRAR'S SIGNATURE **Loan Smith, M.D.**

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 H. [Signature]*

Licensed Embalmer No. 3577

P. O. Address Collinsville, 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.