

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026274

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

Primary Registration District No. **1003**

1003

Registrar's No. **6343**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 21 1963

VS 300
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Length of stay in 1b 2 days	c. CITY OR TOWN ST. LOUIS
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION DEACONESS HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 8108 VULCAN
3. NAME OF DECEASED (Type or print) MARY (NONE) PIAZZA			4. DATE OF DEATH Month 6 Day 14 Year 1963
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-24-1899
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MATRON (RETIRED)		10b. KIND OF BUSINESS OR INDUSTRY BOARD OF ED.	11. BIRTHPLACE (City and state or country) ST. LOUIS
13a. FATHER'S NAME MAURA BELIOSSI		13b. MOTHER'S MAIDEN NAME ANGELINA BALLATI	14. NAME OF HUSBAND OR WIFE JAMES E. PIAZZA (DEC.)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 1	17. INFORMANT ERNEST PIAZZA-522 FRANRU - LEMAY (25)
18. CAUSE OF DEATH (Enter only one cause per item) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of left kidney, secondary metastasis to lungs, Thrombosis of Inferior Vena DUE TO (b) Cava. DUE TO (c) 180x			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. <input type="checkbox"/> Yes <input checked="" 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 7.50 a.m. / 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 ST. LOUIS COUNTY STATE	
21. I attended the deceased from 1944 to 6-14-63 and last seen alive on 6-13-63 Death occurred at 7.50 A on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Chas. Eades</i> (Degree or title) M.D.		22b. ADDRESS 7602 S. Broadway	22c. DATE SIGNED 6-14-63
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 6-17-63	23c. NAME OF CEMETERY OR CREMATORY MT. OLIVE CEMETERY	23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO.
24. HOFFMEISTER CHAPEL, 7814 S. BDWY. E. O'G.		25. DATE RECD. BY LOCAL REG. JUN 17 1963	26. REGISTRAR'S SIGNATURE <i>Loard Smith. M.D.</i>

USE BLACK INK OR OR TYPewriter RIBBON

58

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

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

Levin C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.

DR. DEE W. EATERS
7602 S. BROADWAY,
VE. 2 1320