

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-045806

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11355

FILED NOV 22 1963

VS 300 Rev. 4/59
1
2 205
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Length of stay in 1b <i>22 yrs</i>	c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Mermin Deslodge</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>5906 Waterman</i>			
3. NAME OF DECEASED (Type or print) First <i>Ralph</i> Middle <i>Joseph</i> Last <i>Miceli</i>			4. DATE OF DEATH Month <i>Nov</i> Day <i>15</i> Year <i>1963</i>				
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Wh</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>July 14 1901</i>	9. AGE (last birthday) <i>62</i>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Tailor</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Clothing</i>	11. BIRTHPLACE (City and state or country) <i>Italy</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>		
13a. FATHER'S NAME <i>Antonio Miceli</i>		13b. MOTHER'S MAIDEN NAME <i>Catherine Marisco</i>		14. NAME OF HUSBAND OR WIFE <i>Mary nee Virgillo</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <i>no</i> or unknown) (If yes, give war or dates of serv)		16. SOCIAL SECURITY NO. <i>[Redacted]</i>	17. INFORMANT Address <i>Anthony Miceli 5906 Waterman</i>				
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Thrombosis</i>					INTERVAL BETWEEN ONSET AND DEATH <i>4 Days</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) <i>Arterio sclerotic C.V.R. Disease</i>		5 Years		
			DUE TO (c) <i>442x</i>				
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 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 <i>[Blank]</i> 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 1950</i> to <i>Nov 15, 1963</i> and last saw her/him alive on <i>Nov 15 1963</i> Death occurred at <i>8:15</i> <i>9</i> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>James J. Lekeoles MD</i> (Doctor or title)			22b. ADDRESS <i>1931 Marconi</i>		22c. DATE SIGNED <i>11/16/63</i>		
23a. BURIAL, CREMATION, or other final disposition (Specify) <i>Burial</i>	23b. DATE <i>Nov 18 1963</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo</i>			
24. FUNERAL DIRECTOR <i>Miceli 1150 N. Kingshiway</i>		25. DATE RECD. BY LOCAL REG. <i>NOV 18 1963</i>	26. REGISTRAR'S SIGNATURE <i>Roal 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 Anthony J. Michel

Licensed Embalmer No. 4297

P. O. Address H. Lewis

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.