

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045855

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318**
FILED DEC 5 1963

Primary Registration District No. **1003**

Registrar's No. **11906**

STATE FILE NUMBER

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

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) St. Louis		Length of stay in 1b D.O.A.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital		d. STREET ADDRESS (If outside, give location) 5422 Magnolia Ave.	
3. NAME OF DECEASED (Type or print) First Middle Last CATHERINE NICOLETTI		4. DATE OF DEATH Month Day Year Nov. 29 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 11-21-1887
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor-Nicoletti Tavern		9b. KIND OF BUSINESS OR INDUSTRY Italy	9c. AGE (last birthday) 76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor-Nicoletti Tavern		10b. KIND OF BUSINESS OR INDUSTRY Italy	10c. CITIZEN OF WHAT COUNTRY U.S.A.
11a. FATHER'S NAME Anthony Gagliano		11b. MOTHER'S MAIDEN NAME Anna Vanella	
12a. FATHER'S NAME Anthony Gagliano		12b. MOTHER'S MAIDEN NAME Anna Vanella	
13a. FATHER'S NAME Anthony Gagliano		13b. MOTHER'S MAIDEN NAME Anna Vanella	
14. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of) No None		15. INFORMANT Address Nick Nicoletti 7410 Cheshire Lane	
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute myocardial infarction</u> DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) <u>420.0</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>1 min</u> <u>10 yrs.</u>
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
17. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	18a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	18b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
19. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20a. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20b. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from <u>4/3/62</u> to <u>11/29/63</u> and last saw ^{him} alive on <u>11/25/63</u> Death occurred at <u>9:00 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>John A. Dreahey, M.D.</i>		22b. ADDRESS <i>3654 South Grand</i>	
22c. DATE SIGNED <i>12/2/63</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Dec. 3, 1963	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
24. FUNERAL DIRECTOR ADDRESS Kriegshauser 4228 S. Kingshighway Blvd.		25. DATE RECD. BY LOCAL REG. DEC 2 1963	26. REGISTRAR'S SIGNATURE <i>Road Smith, M.D.</i>

USE BLACK INK OR TYPEWRITER RIBBON

Dr. John F. Greaney Pr. 6-3322
3654 S. Grand 12:30-5:30

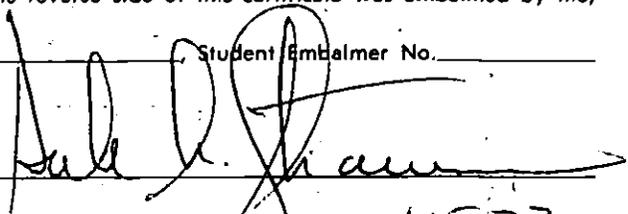
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STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No. 4533

P. O. Address _____

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.