

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14258
4018

National Office of Vital Statistics
FILED MAY 7 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital - Max G. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County..... St. Louis 96

(c) City or town..... St. Louis University City
(If outside city, or town limits, write "RURAL")

(d) Street No..... W. R. 6401 North Drive 13
(If rural, give location)

Memorial

(e) Citizen of foreign country?..... (Yes or No) 5
If yes, name country..... 1

3. (a) PRINT FULL NAME..... ANGELA IPPOLITO

3. (b) If veteran, name war..... 76

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... April day..... 26th
year..... 1948 hour..... 3 minute..... 50 P.M.

21. I hereby certify that I attended the deceased from..... 3/25/48
to..... April 26th 19..... 48
that I last saw him..... alive on..... April 26th 19..... 48
and that death occurred on the date and hour stated above.

4. Sex..... Female 5. Color or race..... White

6. (a) Single, widowed, married, divorced..... widowed

6. (b) Name of husband or wife..... Nick Ippolito

6. (c) Age of husband or wife if alive..... years.....
20 (Month)..... 1886 (Day)..... (Year)

7. Birth date of deceased.....

Immediate cause of death.....
cardiac failure

Due to.....
arteriosclerotic heart disease

Due to.....

Other conditions.....
Diabetes mellitus
(Include pregnancy within 3 months of death)

8. AGE: Years..... Months..... Days..... If less than one day.....
61 6 6 hr. min.

PHYSICIAN

Major findings:
Of operations..... 6

Of autopsy.....

Underline the cause of which death should be charged statistically.

9. Birthplace..... Italy
(City, town, or county) (State or foreign country)

10. Usual occupation..... Homemaker

11. Industry or business.....

12. Name..... Thomas Annacapano

13. Birthplace..... Italy
(City, town, or county) (State or foreign country)

14. Maiden name..... Antonella Annacapano

15. Birthplace..... Italy
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mr. Joseph Ippolito

(b) Address..... 6401 North Drive

17. (a) Burial (b) Date thereof..... Apr 29 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Resurrection

18. (a) Signature of funeral director..... Paul C. Calcatem

(b) Address..... 5142 Dwyer

19. (a) Apr 28 1948 (b) J. B. Bredeck
(Date received local Registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?..... (Specify type of place)

While at work?..... (e) Means of injury..... Motor

23. Signature..... P. C. Moore (M. D. or other) M.D.
Address..... 1515 Lafayette 4/27/48
Date signed

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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 _____

Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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 this body is not embalmed, fact should be so stated above.