

FILED JAN 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3202

State File No. \_\_\_\_\_

183

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			c. LENGTH OF STAY (in this place) <u>3 weeks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Baptist Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>20 2706 N. 21st</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Caterina</u>			b. (Middle) _____		c. (Last) <u>Russo</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 5, 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Dec. 25, 1879</u>		9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>11</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Italy</u>		12. CITIZEN OF WHAT COUNTRY? <u>Italy</u>	
13a. FATHER'S NAME <u>Pietro Tocco</u>			13b. MOTHER'S MAIDEN NAME <u>Luigia Lochirco</u>		14. NAME OF HUSBAND OR WIFE <u>Salvatore</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>V. Pele Russo</u> ADDRESS <u>2706 N. 21</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as asphyxiation, asphyxia, etc. It means the distal, primary, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocarditis (aortic insufficiency) D.K.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes</u> DUE TO (c) <u>acute hemorrhagic nephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>acute gangrenous appendicitis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
19a. DATE OF OPERATION <u>Dec. 29-48</u>		19b. MAJOR FINDINGS OF OPERATION <u>gangrenous appendix 5500</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>Dec 3, 1948</u> , to <u>Jan 5, 1949</u> , that I last saw the deceased alive on <u>Jan 4, 1949</u> , and that death occurred at <u>8 1/2 m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Edwald S. Soper M.D.</u>				23b. ADDRESS <u>705- Olive St.</u>		23c. DATE SIGNED <u>Jan 7-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Jan. 8, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>JAN 7 1949</u>		REGISTRAR'S SIGNATURE <u>J.B. Hester</u>		GENERAL DIRECTOR'S SIGNATURE <u>Beauregard Keel</u>		ADDRESS <u>1431 Union Blvd.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

*Handwritten mark*

**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.

Signed *Robert Tucker*

Signed .....  
Student Embalmer

Licensed Embalmer No. *7915*

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.