

FILED FEB 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6176

1366

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No.
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, write RURAL and give township) OR TOWN <i>ST. LOUIS</i>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>ST. LOUIS</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <i>ST. JOHN'S HOSPITAL</i>		d. STREET ADDRESS (If rural, give location) <i>1323 JANUARY</i>		
3. NAME OF DECEASED (Type or Print) <i>PAUL</i>		a. (First) <i>FRATTINI</i>	b. (Middle)	c. (Last)
4. DATE OF DEATH <i>Feb. 11 1949</i>		5. SEX <i>MALE</i>		
6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>Feb. 7, 1886</i>
9. AGE (In years last birthday) <i>63</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) <i>Italy</i>		12. CITIZEN OF WHAT COUNTRY? <i>5</i>		
13a. FATHER'S NAME <i>Theodore Frattini</i>		13b. MOTHER'S MAIDEN NAME <i>Maria Frattini</i>		13c. NAME OF HUSBAND OR WIFE <i>Cornelia Frattini</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Maria Frattini</i>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Hypertension + arteriosclerosis + cerebral hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>77</i> <i>18 hrs.</i>
ANECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____		
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>none</i>		
19a. DATE OF OPERATION <i>None</i>		19b. MAJOR FINDINGS OF OPERATION <i>None</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE <i>no no no</i> (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 <i>2-10, 1949</i> , to <i>2-11, 1949</i> , that I last saw the deceased alive on <i>2-10, 1949</i> , and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE <i>John J. Kammone M.D.</i>		(Degree or title) 23b. ADDRESS <i>634 N Grand</i>		23c. DATE SIGNED <i>2/12/49</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Feb. 14 1949</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Resurrection</i>
24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Paul C. Calcester</i> ADDRESS <i>542 August</i>		
DATE REC'D BY LOCAL REG. <i>FEB 13 1949</i>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		

(Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Signed Paul C. Calcaterra

Licensed Embalmer No. 2376

P. O. Address 5142 Daggett

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.