

FILED JUN 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17704**

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. **4638**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give township)		a. STATE	b. COUNTY
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
Saint Louis		Missouri	
1 Week		Saint Louis	
De Paul Hospital		5622 Greer Avenue	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)	
Victoria	B.	Simeone	May	25th	1949	
5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 1 HR.
Female	White	Married	Dec. 2nd, 1883	65	Months 5	Days 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
Housework				Italy		U. S. A.

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
Carmen Yacovelli	Katherine Romano	Angelo Simeone
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME
		Angelo Simeone, 5622 Greer Avenue
16. SOCIAL SECURITY NO.		ADDRESS

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Cerebral Hemorrhage
	ANTECEDENT CAUSES		4 days
DUE TO (b) Lobar Pneumonia		10 days	
DUE TO (c) Virus Infection (Pneumonia)		10 days	
II. OTHER SIGNIFICANT CONDITIONS		Rt. Carotid Dilatation	7
Conditions contributing to the death but not related to the disease or condition causing death			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
NONE		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)
NONE		129 a
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
		493 X

22. I hereby certify that I attended the deceased from 5-15-1949, to 5-25-1949, that I last saw the deceased alive on 5-25-1949, and that death occurred at 3.00P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
E.A. Lorsche M.D.P.	4885 Natural Bridge	5-26-49
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY
Burial	5/28/49	Calvary Cemetery
		24d. LOCATION (City, town, or county) (State)
		Saint Louis, Missouri

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
MAY 26 1949	J. B. Lassiter	Calvin F. Feutz, 4828 Natural Bridge Blvd.	

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

Dr. Lenschke

4885 NAT'L BRIDGE,
Mo. 9393

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

John A. Mlenar

Signed.....

Student Embalmer

Licensed Embalmer No. *4186*

P. O. Address *St. Louis, Mo.*

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.