

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22030  
1949  
Registrar's No. 1451

FILED JUL 7 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3064

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>410</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ferguson</u> c. LENGTH OF STAY (in this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ferguson</u> <u>6</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>425 So. Florissant</u>		d. STREET ADDRESS (If rural, give location) <u>433 Hern</u> <u>0</u>	
3. NAME OF DECEASED a. (First) <u>Josephine</u> b. (Middle) <u>(Giuseppina)</u> c. (Last) <u>MANNINO</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 18, 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>August 4, 1895</u>
9. AGE (In years last birthday) <u>53</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Store Manager</u>	11. BIRTHPLACE (State or foreign country) <u>Palermo Italy</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Store Manager</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Super Market</u>	12. CITIZEN OF WHAT COUNTRY? <u>5</u>
13a. FATHER'S NAME <u>Antonino Spatafora</u>		13b. MOTHER'S MAIDEN NAME <u>Rosalie (Unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>Phillip</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Phillip Mannino 433 Hern Ferguson</u>
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, asthenia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chv myocarditis</u> <u>1938</u>		DUE TO (c) <u>Chv Bronchitis</u> <u>1935</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterial Asthenia</u> <u>1938</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none</u> <u>930</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>✓</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>4201</u>	
22. I hereby certify that I attended the deceased from <u>8-27-1948</u> , to <u>6-18-1949</u> , that I last saw the deceased alive on <u>6-18-1949</u> , and that death occurred at <u>9 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Ken Johnson M.D.</u>		23b. ADDRESS <u>Ferguson</u>	23c. DATE SIGNED <u>6-18-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 21-49</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>6-20-49</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donker</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Miceli &amp; Sons 1150 N. Kingshighway</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

96  
6  
2

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Anthony P. Miceli*

Signed.....

Student Embalmer

Licensed Embalmer No. *4227*

P. O. Address *St. Louis*

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.