

FILED AUG 27 1949

STANDARD CERTIFICATE OF DEATH

28411 State File No. 7136 Registrar's No. 1003

BIRTH NO. 53240-49 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY A-10		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis, Mo		c. LENGTH OF STAY (in this place) 12 hrs	c. CITY (If outside corporate limits, write RURAL and give township) St Louis		179
d. FULL NAME OF HOSPITAL OR INSTITUTION St John's Hospital			d. STREET ADDRESS (If rural, give location) 16-4123 Chippewa Ave		
3. NAME OF DECEASED (Type or Print) a. (First) Infant b. (Middle) Parrino c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Aug 16 1949			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) ()	8. DATE OF BIRTH Aug 15 1949	9. AGE (In years last birthday) 12	10. IF UNDER 1 YEAR Months Days
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) St Louis, Mo	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Salvatore Parrino		13b. MOTHER'S MAIDEN NAME Minnie		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME M. Salvatore Parrino		ADDRESS 4123 Chippewa
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) Atelactasis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity 6 1/2 months gestation DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 12 hrs
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		1217
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? 762'5		
22. I hereby certify that I attended the deceased from 8-15, 1949, to 8-16, 1949, that I last saw the deceased alive on 8-15, 1949, and that death occurred at 6 A m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Charles Montani MD			23b. ADDRESS 5147 Daggelhart		23c. DATE SIGNED 8-16-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 17 1949	24c. NAME OF CEMETERY OR CREMATORY Resurrection		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. AUG 16 1949		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul C. Calcestrina 5142 Daggelhart	

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 Dayzett

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.