

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. 38463
Registrar's No. 9908

BIRTH NO. 74920-49 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

No. 300
10-48

WRITE PLAINLY—USING UNFADEING 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 <u>Ill</u> b. COUNTY <u>99</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Vernon</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Faith</u>		d. STREET ADDRESS (If rural, give location) <u>W.R. 2009 Perkins</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Frank</u> c. (Last) <u>Ancona</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-16-49</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>✓</u>	8. DATE OF BIRTH <u>11-14-49</u>		
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months <u>2</u> Days <u>3</u>	IF UNDER 24 HRS. Hours <u>25</u>		
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) <u>Ill</u>		
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Frank Jack Ancona</u>			
13b. MOTHER'S MAIDEN NAME <u>Wanda Marie Harris</u>		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		ADDRESS <u>Wanda Ancona, 2009 Perkins, Mt. Vernon Ill</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____</p> <p>ANTECEDENT CAUSES</p> <p><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i></p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>Prematurity</u></p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p> <p><u>twins</u></p>		INTERVAL BETWEEN ONSET AND DEATH			
		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)		<u>159</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			
21f. HOW DID INJURY OCCUR?		<u>776X</u>			
22. I hereby certify that I attended the deceased from <u>11-14</u> , 19 <u>49</u> , to <u>11-16</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>11-16</u> , 19 <u>49</u> , and that death occurred at <u>4:25 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>A. J. Signorelli</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>2801 No. Taylor</u>			
23c. DATE SIGNED <u>11-16-49</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11-17-49</u>			
24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mt. Vernon Ill</u>			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>J. B. Fasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>P. Miceli & Sons 1150 N. Kingshighway</u>			

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.

Not Embalmed
Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. _____

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.