

FILED DEC 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39369

105417

318

State File No. _____

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 1003 Registrar's No. 10049

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis, Mo. <i>O</i>)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis <i>179</i>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 7-5943a Lalite Ave., <i>0</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.			

3. NAME OF DECEASED (Type or Print)	a. (First) SAM	b. (Middle)	c. (Last) TOCCO	4. DATE OF DEATH (Month) (Day) (Year) November 19, 1949
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5. SEX Male <i>O</i>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married <i>1</i>	8. DATE OF BIRTH 11/2/1904	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months 0	IF UNDER 12 HRS. Days 17
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fruit Merchant	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Italy <i>5</i>	12. CITIZEN OF WHAT COUNTRY? yes
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13a. FATHER'S NAME Leonard Tocco.	13b. MOTHER'S MAIDEN NAME Rose Orlando	14. NAME OF HUSBAND OR WIFE Angela Tocco 5943a Lalite
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 497-20-7078	17. INFORMANT'S SIGNATURE OR NAME Angela Tocco	ADDRESS 5943a Lalite Ave.,
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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, ashenia, 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* (a) Convulsive Disorder		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Adam Stokes Syndrome DUE TO (c) Arterio Sclerotic Heart Disease		
II. OTHER SIGNIFICANT CONDITIONS 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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <i>920</i>
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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? <i>4300</i>
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22. I hereby certify that I attended the deceased from 11/13/49, 19, to 11/19/49, 19, that I last saw the deceased alive on 11/19/49, 19, and that death occurred at 8:20pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Claron Heindler M.D.</i>	23b. ADDRESS 1515 Lafayette Ave.,	23c. DATE SIGNED 11/21/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/23/49	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL HEALTH DEPT. NOV 22 1949	REGISTRAR'S SIGNATURE <i>J. B. Foster</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sullivan Funeral Dir. 2849 Euclid Ave.,
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Wm. H. H.

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 *Robert L. Brunker*
.....
Licensed Embalmer No. *3553*

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.