

CAPESTRO

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42340

FILED DEC 27 1949

State File No. 10677

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 10677
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY <i>St. Louis</i>		
b. CITY OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION 4336 San Francisco Ave.		d. STREET ADDRESS (If rural, give location) 10- 4336 San Francisco Ave. D		
3. NAME OF DECEASED (Type or Print) Louis J. Capestro		a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH Dec. 12, 1949		5. SEX Male		
6. COLOR OR RACE W.		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 15, 1871
9. AGE (In years last birthday) 78		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cafe Owner		10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Italy		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME John Capestro		13b. MOTHER'S MAIDEN NAME Teresa Floria		14. NAME OF HUSBAND OR WIFE Mamie Capestro
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 Mrs. Mamie Capestro
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease DUE TO (c) Generalized arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 16 1/2 yr.
19a. DATE OF OPERATION home		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) 97
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H/201
22. I hereby certify that I attended the deceased from Dec 11, 1948, to Dec 11, 1949, that I last saw the deceased alive on 12/11/49, 1949, and that death occurred at 8:00 a. m., from the causes and on the date stated above.				
23a. SIGNATURE Walter J. Hayes		23b. ADDRESS (Degree or title) M.D. 16 Hampton Village Plaza		23c. DATE SIGNED 12/12/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-15-49		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
24d. LOCATION (City, town, or county) St. Louis, Mo.		24e. GENERAL DIRECTOR'S SIGNATURE (Address) 10 Lindell Blvd.		
DATE RECD BY LOCAL REGISTRY 12 15 1949		REGISTRAR'S SIGNATURE J. B. ...		GENERAL DIRECTOR'S SIGNATURE (Address) 10 Lindell Blvd.

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

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 Thomas R. Jewick

Licensed Embalmer No. 3793

P. O. Address 3840 Lindell

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.