

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42502
State File No. _____
Registrar's No. 11169

FILED JAN 7 1950

| | | | | | | | |
|---|--|--|--|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission) a. STATE Mo. | | b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Sanitarium | | d. STREET ADDRESS (If rural, give location) 13 5327 Magnolia Ave. | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) VITA | | b. (Middle) | | c. (Last) GIUNTA | | | |
| 4. DATE OF DEATH | | 5. DATE (Month) (Day) (Year) Dec. 27 1949 | | | | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | | |
| 8. DATE OF BIRTH Dec. 5, 1901 | | 9. AGE (In years last birthday) 48 | | IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Italy 5 | | | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Pete Bono | | 13b. MOTHER'S MAIDEN NAME Margaret Unknown | | | |
| 14. NAME OF HUSBAND OR WIFE Tony Giunta | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) | | | |
| 17. INFORMANT'S SIGNATURE OR NAME Tony Giunta | | ADDRESS 5327 Magnolia Ave. | | | | | |
| 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) Acute Coronary Thrombosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardio-vascular disease DUE TO (c) Chr. Cholecystitis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 1-2 hrs 5 Years Several yrs. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 12/27/49 Chr Cholecyst., Appendicular Fibrosis | | | | 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) | | | |
| 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? 45001 | | | |
| 22. I hereby certify that I attended the deceased from 8-31, 1949, to 12-27, 1949, that I last saw the deceased alive on 12/27, 1949, and that death occurred at 4:00A m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) H. Nakadama | | 23b. ADDRESS Humboldt Bldg | | 23c. DATE SIGNED 12/28/49 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Dec. 29, 1949 | | 24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cem. | | | |
| 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | | DATE REC'D BY LOCAL REG. 12/28/49 | | REGISTRAR'S SIGNATURE J. B. Sarater | | | |
| 25. FUNERAL DIRECTOR'S SIGNATURE | | ADDRESS Kriegshauser 4228 S. Kingshighway Bl | | | | | |

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

Humboldt College
Nov 11-1

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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.