

FILED JAN 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42530

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11308**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>1911</b>	
b. CITY OR TOWN <b>ST. LOUIS</b>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CITY HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>75 5337 DAGGETT</b>	

3. NAME OF DECEASED a. (First) <b>JOSEPH</b> b. (Middle) <b>GRIFFANTI</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 31 1949</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Apr. 27, 1891</b>		9. AGE (In years last birthday) <b>58</b>
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) <b>ITALY</b>	
13a. FATHER'S NAME <b>unknown</b>			13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Maria GRIFFANTI</b>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b>		16. SOCIAL SECURITY NO. <b>492-10-4853</b>	17. INFORMANT'S SIGNATURE OR NAME <b>5337 DAGGETT</b>		
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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, asthma, 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) <b>Gastric Hemorrhage from ruptured esophageal</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>varix</b>		
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 checked="" type="checkbox"/> NO <input 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)	<b>116</b>
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? <b>4621</b>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **8:30 P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Patrick E. Taylor Coroner</b> (Degree or title)		23b. ADDRESS <b>1300. Clark</b>	23c. DATE SIGNED <b>1/23/50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan 3, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS Mo</b>
DATE REC'D BY LOCAL REG. <b>JAN 1 1950</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul C. Calcaterra</b> ADDRESS <b>5142 DAGGETT</b>	

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

FEB 18 1950

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 P. Calcaterra*

Licensed Embalmer No. 2376

P. O. Address 5142 Jaggett.

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.