

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No.

42794

10606

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS,				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS,				d. STREET ADDRESS (If rural, give location) ADDRESS 4859 a PAGE AVE	
c. LENGTH OF STAY (in this place)				3. NAME OF DECEASED a. (First) ELIZABETH		b. (Middle) MOSCONI		c. (Last) MOSCONI	
4. DATE OF DEATH (Month) (Day) (Year) 12/7/1949		5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH JAN, 22, 1872	
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOSEPH DEMARTINE			13b. MOTHER'S MAIDEN NAME GENEVIEVE LAVERONI			14. NAME OF HUSBAND OR WIFE LOUIS MOSCONI DECEASED			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME FRANK DEMARTINE 4859 a PAGE AVE				ADDRESS	
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Nephritis</i>				INTERVAL BETWEEN ONSET AND DEATH 1 day	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <i>Chronic Interstitial Nephritis</i>					
DUE TO (c)				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"/>	
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)		1812			
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? 542X					
22. I hereby certify that I attended the deceased from Jan 1949, to Dec 7, 1949, that I last saw the deceased alive on Dec 7, 1949, and that death occurred at 9 p. m., from the causes and on the date stated above.									
23a. SIGNATURE <i>Frank Demartine</i>				(Degree or title) M.D.		23b. ADDRESS 1807 N. Grand Ave		23c. DATE SIGNED 10/8/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12/10/49		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MISSOURI			
DATE RECEIVED BY LOCAL HEALTH DEPT. DEC 9 1949		REGISTRAR'S SIGNATURE <i>J. B. Carter</i>			25. FUNERAL DIRECTOR'S SIGNATURE STROOT - CARROLL 4600 NATURAL BRIDGE AVE				

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 _____

Ben Hoffman

Licensed Embalmer No. 4366

P. O. Address St Louis, Mo

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.