

FILED JAN 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42925**
Registrar's No. **11294**

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY cdl		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		179
d. FULL NAME OF HOSPITAL OR INSTITUTION 1444 1/2 N. Market St			d. STREET ADDRESS (If rural, give location) 20 1444 1/2 N. Market Street.		
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) Rome		c. (Last) Scavotto	
4. DATE OF DEATH (Month) (Day) (Year) Dec. 29 1949		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 18, 1886.		9. AGE (In years last birthday) 63	
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) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME Thomas Patterson		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Late Anthony Acavotto.		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 William H. Rom,		ADDRESS 1444 1/2 N. Market St.		18. CAUSE OF DEATH Enter only one cause per line for (a); (b), and (c) 6 mos	
18. CAUSE OF DEATH Enter only one cause per line for (a); (b), and (c) 6 mos		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Cervic.		INTERVAL BETWEEN ONSET AND DEATH 6 mos	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastatic Carcinoma - sigmoid primary		DUE TO (c) 1 yr.	
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 type="checkbox"/>		21a. ACCIDENT (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 46		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? 153X		22. I hereby certify that I attended the deceased from July 5, 1949 , to 12/29, 1949 , that I last saw the deceased alive on Dec. 25, 1949 , and that death occurred at 10:45 m., from the causes and on the date stated above.			
23a. SIGNATURE J.D. Parker M.D.		(Degree or title) _____		23b. ADDRESS 2505 W. Florissant	
23c. DATE SIGNED 12-31-49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 3rd, 1950	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		DATE REC'D BY LOCAL REG. DEC 31 1949	
REGISTRAR'S SIGNATURE J.B. Sasator		25. FUNERAL DIRECTOR'S SIGNATURE Laidner Und. Co.		ADDRESS 2223 St. Louis 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..... *Elmer R. Sadwell*

Licensed Embalmer No. *4077*

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.