

FILED JAN 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43240

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 04790

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Lemay		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place) 2		d. STREET ADDRESS (If rural, give location) 1104 Lawn	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mount St. Rose Sanitorium			

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) G c. (Last) Gassino			4. DATE OF DEATH 12-26-49		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH March 19, 1888		9. AGE (In years last birthday) 61		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY merchant		11. BIRTHPLACE (State or foreign country) Italy	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Anthony Gassino		13b. MOTHER'S MAIDEN NAME Angela Frasato		14. NAME OF HUSBAND OR WIFE Jennie Gassino	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NIL		17. INFORMANT'S SIGNATURE OR NAME Jennie Gassino	
(Yes, give war or dates of service)		(If yes, give war or dates of service)		ADDRESS 1104 Lawn	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral pulmonary tuberculosis				INTERVAL BETWEEN ONSET AND DEATH Since March 1947	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) none					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. none					

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 002X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from **3/11**, 19**47**, to **12-26**, 19**49**, that I last saw the deceased alive on **12-26**, 19**49**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE John J. Haminant M.D.		23b. ADDRESS 634 N. Grand		23c. DATE SIGNED 12/27/49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-28-49		24c. NAME OF CEMETERY OR CREMATORY Mt. Carmel	
				24d. LOCATION (City, town, or county) (State) Belleville, Illinois	

DATE REC'D BY LOCAL REG. 12-27-49		REGISTRAR'S SIGNATURE Herbert R. Shook		25. FUNERAL DIRECTOR'S SIGNATURE Calcaterra	
				ADDRESS 5140 Daggett	

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

FEB 28 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 Elmo R. Padwell.....

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.