

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14752
3358

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

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

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u> | |
| c. LENGTH OF STAY (In this place) <u>1 day</u> | | 2269 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Max Starkloff</u> | | 26 STREET ADDRESS (If rural, give location) <u>1538 Hogan St.</u> | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Salvatore (Sam)</u> | b. (Middle) <u>Lumia</u> | c. (Last) <u>Lumia</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 9th 1950</u> |
| Lumia also known as Sam Salavdor | | | | |

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|--------------------|-------------------------------|---|---|---|---------------------------------|----------------|------------------------------|--------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>April 12, 1927</u> | 9. AGE (In years last birthday) <u>22</u> | F UNDER 1 YEAR Months <u>11</u> | DAYS <u>28</u> | F UNDER 4 HRS. Hours <u></u> | Min. <u></u> |
|--------------------|-------------------------------|---|---|---|---------------------------------|----------------|------------------------------|--------------|

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|---|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrical Worker</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Modern Electric Mfg Co.</u> | 11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u></u> |
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| 13a. FATHER'S NAME <u>Frank Lumia</u> | 13b. MOTHER'S MAIDEN NAME <u>Lena Manguso</u> | 14. NAME OF HUSBAND OR WIFE <u>XXXX</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War "2"</u> | 16. SOCIAL SECURITY NO. <u>489-22-3660</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Dana Lucia</u> | ADDRESS <u>1538 Hogan St</u> |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of skull, subdural hematoma suffered in fight with one Donald Barrett in alley in vicinity of 18th</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>DUE TO MEDICATION</u> DUE <u>Medication</u> <u>Sto about 1:30 am</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>April 9 1950.</u> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>Homicide</u> | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>alley</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Apr 9 50 1:00</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>E983X</u> |
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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 9:00 P. m., from the causes and on the date stated above.

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|--|-------------------------------------|-----------------------------------|------------------------------------|
| 22a. SIGNATURE <u>Patrick E. Taylor</u> | (Degree or title) <u>Coroner</u> | 23b. ADDRESS <u>1300 Clark</u> | 23c. DATE SIGNED <u>4-11-50</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>April 13, 1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>APR 11 1950</u> | REGISTRAR'S SIGNATURE <u>J. B. Lasater</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Daniel Nichols</u> | ADDRESS <u>1431 Union Blvd.</u> |
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MAY 1 0 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.

Signed.....

.....
Student Embalmer

Licensed Embalmer No. 2915

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.