

FILED MAY 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15279

State File No.

BIRTH NO. 25259-50 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 1104

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis RICHMOND HTS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> 2069	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>5327 Ridge Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Peter Anthony</u>		b. (Middle)		c. (Last) <u>Russo</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 28, 1950</u>	
--	--	-------------	--	------------------------	--	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>April 2, 1950</u>	9. AGE (In years last birthday) <u>26</u>	IF UNDER 1 YEAR Months <u>26</u>	IF UNDER 24 HRS. Hours Min.
--------------------	-------------------------------	---	---------------------------------------	---	----------------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
---	---	--	---

13a. FATHER'S NAME <u>Anthony Russo</u>	13b. MOTHER'S MAIDEN NAME <u>Rita Maria Oligschlaeger</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Anthony Russo 5327 Ridge Ave.</u>
--	-------------------------------------	--

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Spina bifida. Meningocele</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Anoxia and Multiple congenital malformations</u>			

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)
--	--	---

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
---	--	---------------------------

22. I hereby certify that I attended the deceased from Apr. 2, 1950, to Apr. 28, 1950, that I last saw the deceased alive on Apr. 28, 1950, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul J. Zentgraf M.D.</u>	23b. ADDRESS <u>637 N. Grand Ave.</u>	23c. DATE SIGNED <u>4-28-50</u>
---	---------------------------------------	---------------------------------

24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) <u>Burial</u>	24b. DATE <u>April 29, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
---	---------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>4-29-50</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Donke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>P. Miceli & Sons 1150 N. Kingshighw</u>
---	--	---

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

4555
0

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 *Not Embalmed*

Licensed Embalmer No. _____

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.