

FILED MAY 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18097**  
4241

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Firmin Desloge Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>3321 Halliday Avenue</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Nicolo</b>		b. (Middle) _____		c. (Last) <b>D' Amico</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 10, 1950</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>1-20-90</b>		9. AGE (In years last birthday) <b>60</b> IF UNDER 1 YEAR Months Days IF UNDER 14 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Office Manager</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Sicily, Italy</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>John D' Amico</b>		13b. MOTHER'S MAIDEN NAME <b>Pasqua Sanfilippo</b>		14. NAME OF HUSBAND OR WIFE <b>Nicolina Patti</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <b>494-10-3862</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Tino D' Amico</b> ADDRESS <b>5709 Holly Hills</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Thrombosis of Inf. Mesenteric A.</b> ANTECEDENT CAUSES <b>Renal Carcinoma, left</b> 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 <b>Renal Carcinoma, left</b> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>6 hrs.</b>	
19a. DATE OF OPERATION <b>5/1/50</b>		19b. MAJOR FINDINGS OF OPERATION <b>Large left Renal Carcinoma</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <b>1802</b>			
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 <b>April 4, 1950</b> , to <b>May 10, 1950</b> , that I last saw the deceased alive on <b>May 10, 1950</b> , and that death occurred at <b>10:00 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Robert W. Spaulding, M.D.</b> (Degree or title)				23b. ADDRESS <b>Firmin Desloge Hospital</b>		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Crema</b>		24b. DATE <b>May-12-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo</b>	
DATE RECD BY LOCAL REG. <b>MAY 11 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Lasater</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>P. Nicoli - 1055 N. Kings Highway</b> ADDRESS _____			

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

APR 11 1951

*[Handwritten mark]*

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 *Philip C. Miceli*

Licensed Embalmer No. *4427*

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.