

5. No. 300
EV. 10-48

FILED JUN 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18887
1406

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 2002 Registrar's No. 1406

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u> <u>4376</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7062 Corbitt Ave.</u> | | d. STREET ADDRESS (If rural, give location) <u>7062 Corbitt Ave.</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Emil</u> b. (Middle) <u>Canepa</u> c. (Last) <u>Canepa</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 2, 1950</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> | 8. DATE OF BIRTH <u>Feb. 20, 1899</u> |
| 9. AGE (In years last birthday) <u>51</u> | | 10. MONTHS <u>3</u> | 11. DAYS <u>12</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Brewery</u> | 11. BIRTHPLACE (State or foreign country) <u>Duquoin, Illinois</u> |
| 12. CITIZEN OF WHAT COUNTRY? _____ | | 13a. FATHER'S NAME <u>Frank Canepa</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Anna Onrato</u> | | 14. NAME OF HUSBAND OR WIFE _____ | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>W.W. #1 Army</u> | | 16. SOCIAL SECURITY NO. <u>488-07-2368</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Frank Canepa</u> ADDRESS <u>7062 Corbitt Ave.</u> |
| MEDICAL CERTIFICATION | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>exsanguination, after self-inflicted slashing of both wrists and lower arms.</u> | |
| | | 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. | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | <u>977X</u> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>University City St. Louis Mo.</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6 2 50</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>slashed arms & wrists with razor blade</u> | |
| 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 _____ m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Arnold J. Williamson</u> (Degree or title) <u>Coroner</u> | | 23b. ADDRESS <u>Clayton, Mo.</u> | 23c. DATE SIGNED <u>6/5/50</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>6-6-1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u> |
| DATE REC'D BY LOCAL REG. <u>6-3-50</u> | REGISTRAR'S SIGNATURE <u>Robert K. ...</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Cullinane Bros. 3320 N. Kingshighway</u> | |

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

4006

2024 21 JAN

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 Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

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.