

FILED JUN 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21828

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1994**

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) **St. Louis** c. LENGTH OF STAY (In this place) _____

c. CITY (If outside corporate limits, write RURAL and give township) **St. Louis** 2139

d. FULL NAME OF HOSPITAL OR INSTITUTION **Jewish Hospital** e. STREET ADDRESS (If rural, give location) **5317 Botanical**

3. NAME OF DECEASED (Type or Print) a. (First) **DORA** b. (Middle) **MIRAMONTI** c. (Last) _____ 4. DATE OF DEATH (Month) (Day) (Year) **June 4 1950**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **single** 8. DATE OF BIRTH **Sept 6 1921** 9. AGE (In years) (Month) (Day) **28** IF UNDER 1 YEAR Months Days IF UNDER 6 HRS. Hours Mtn.

10a. USUAL OCCUPATION (Give kind of work or profession, even if retired) **laborer** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) **St. Louis Mo** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Louis Miramonte** 13b. MOTHER'S MAIDEN NAME **Maria** 14. NAME OF HUSBAND OR WIFE **none**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no** 16. SOCIAL SECURITY NO. **492-12-3227** 17. INFORMANT'S SIGNATURE OR NAME **Mr Joseph Miramonte** ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Sarcoma of the uterus.**
ANTECEDENT CAUSES **Metastasis**
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.
INTERVAL BETWEEN ONSET AND DEATH **3 mos.**

19a. DATE OF OPERATION **3/3/50** 19b. MAJOR FINDINGS OF OPERATION **Sarcoma - of uterus. Metastasis to Omentum + Appendix** 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR **1/4X**

22. I hereby certify that I attended the deceased from **12/24** ¹⁹⁴⁹ to **June 4**, 1950, that I last saw the deceased alive on **June 4**, 1950, and that death occurred at **7:00 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE **Helman C. Wasserman, M.D.** (Degree or title) 23b. ADDRESS **4500 Olive St** 23c. DATE SIGNED **June 5, 1950**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 24b. DATE **June 7** 24c. NAME OF CEMETERY OR CREMATORY **St. Peter's** 24d. LOCATION (City, town, or county) (State) **St. Louis Mo**

DATE REC'D BY LOCAL REG. **JUN 6 1950** REGISTRAR'S SIGNATURE **J. B. Lanter** 25. FUNERAL DIRECTOR'S SIGNATURE **Paul C. Calabrese** ADDRESS _____

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

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 Me

working under my personal supervision,

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Elton H. Remelius

Licensed Embalmer No. 4283

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.