No. 300
10.48

FILED AUG 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25872

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4531 Registrar's No. 54

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4

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

1. PLACE OF DEATH
a. COUNTY: Warren Co.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warrenton
c. LENGTH OF STAY (in this place): 11 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Katie Dana Memorial Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2269
d. STREET ADDRESS (If rural, give location): 1528 Hogan 1

3. NAME OF DECEASED (Type or Print)
a. (First): Josephine
b. (Middle): —
c. (Last): LAFATA

4. DATE OF DEATH (Month) (Day) (Year): July 12 1950

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Aug 17-1859
9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Cicily 8
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: unknown
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: unknown

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.: none
17. INFORMANT'S SIGNATURE OR NAME: Joe Battalgia 1528 Hogan St Louis Mo

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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral hemorrhage acute	4 days
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Generalized arteriosclerosis	unknown
DUE TO (c)	Hypertensive cardio-vascular	unknown
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	renal disease Pneumonia bilateral Hypostatic	2 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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) 442X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 23, 1949, *to* July 11, 1950, *that I last saw the deceased alive on* July 11, 1950, *and that death occurred at* 5:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold F Hoelscher M.D.
23b. ADDRESS: Warrenton Mo.
23c. DATE SIGNED: July 11-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 15-50
24c. NAME OF CEMETERY OR CREMATORY: Calvary Grove yard
24d. LOCATION (City, town, or county) (State): St. Louis Mo

DATE REC'D BY LOCAL REG.: July 15, 1950
REGISTRAR'S SIGNATURE: Floyd Logan 421
25. FUNERAL DIRECTOR'S SIGNATURE: Miceli & Sons
ADDRESS: Fenil Home 4150 N K Hwy. St Louis Mo.

(Licensed Embalmer's Statement on Reverse Side)

File No. .....

DISTRICT HEALTH OFFICE No. 4

AUG - 3 1950

RECEIVED

MAR 12 1954

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 .....

working under my personal supervision.

Student Embalmer No. .....

Signed Elmo R. Cadwell

Signed .....
Student Embalmer

Licensed Embalmer No. 4077

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.