

FILED SEP 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28069

Registrar's No. 7430

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1002		Registrar's No. 7430	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN st. Louis MO.		c. LENGTH OF STAY (in this place) _____		CITY (If outside corporate limits, write RURAL and give township) OR TOWN st. Louis, MO.		2067	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5216 st. Louis Ave.				d. STREET ADDRESS (If rural, give location) 5216 st. Louis, MO Ave.			
3. NAME OF DECEASED a. (First) Simone (Type or Print)			b. (Middle) Campana			c. (Last) _____	
4. DATE OF DEATH		(Month) Aug.		(Day) 30,		(Year) 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed		8. DATE OF BIRTH Oct. 28, 1932	
9. AGE (In years last birthday) 17		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life) Retired		10b. KIND OF BUSINESS OR INDUSTRY coal		11. BIRTHPLACE (State or foreign country) Villatreti Italy		12. CITIZEN OF WHAT COUNTRY Italy	
13a. FATHER'S NAME Vincenzo campana			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE widowed	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Vincent campana		ADDRESS 5216 st. Louis Ave	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Aortic regurgitation DUE TO (c) late cardiovascular syphilis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Tuberculosis				INTERVAL BETWEEN ONSET AND DEATH Sudden - 1 hr 2 years 45 years 2 years	
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 022X			
22. I hereby certify that I attended the deceased from 29 August, 1950 , to 30 August, 1950 , that I last saw the deceased alive on 29 August, 1950 , and that death occurred at 8:00 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE John Blumner				23b. ADDRESS 35 N. Central Clayton S, MO		23c. DATE SIGNED 8-30-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 2, 1950		24c. NAME OF CEMETERY OR CREMATORY calvary cemetery		24d. LOCATION (City, town, or county) (State) st. Louis, MO.	
DATE REC'D BY LOCAL REG. AUG 31 1950		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE Miceli		ADDRESS 1150 N. Kingshighway	

(Licensed Embalmer's Statement) (on Reverse Side)

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

Living will

X

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 Anthony J. Mucili

Licensed Embalmer No. 4277

P. O. Address St Louis

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.