

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 22 1950

State File No. 31723
Registrar's No. 7201

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 13 1923 EDWARDS	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1923 EDWARDS			

3. NAME OF DECEASED (Type or Print) VINCENT ITALIANO			4. DATE OF DEATH (Month) (Day) (Year) Sept. 7, 1950		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 19, 1894		9. AGE (In years last birthday) 55 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, even if retired) labourer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Italy	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME LOUISI ITALIANO		13b. MOTHER'S MAIDEN NAME ANGELA		14. NAME OF HUSBAND OR WIFE LUCIA ITALIANO	
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. 489-16-6303		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lucia Stalio 1923 Edwards	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure INTERVAL BETWEEN ONSET AND DEATH 1 wk. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease 3 yrs. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Right Pulmonary Infarction 3 wks. Myocardial Infarction 2 yrs.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOBIO? YES <input type="checkbox"/> NO <input type="checkbox"/>	

21a. 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? HH 3X	

22. I hereby certify that I attended the deceased from Jan. 1947 to Sept 8, 1950 that I last saw the deceased alive on Sept 6, 1950, and that death occurred at 12:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Roy Greenbaum M.D.		23b. ADDRESS 508 N. Grand		23c. DATE SIGNED 9/8/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 11, 1950		24c. NAME OF CEMETERY OR CREMATORY Resurrection	
24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.					

DATE REC'D BY LOCAL REG. SEP 11 1950		REGISTRAR'S SIGNATURE J. B. Lancaster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul P. Calcaterra 5142 Ogden	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

21.03 1980

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 Paul P. Calcaterra

Signed.....
Student Embalmer

Licensed Embalmer No. 2376

P. O. Address 5142 Daggett

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.