

FILED OCT 5 1950

STANDARD CERTIFICATE OF DEATH

State File No. 31859

318

1003

Registrar's No. 8151

BIRTH NO. <u>1</u>		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>8151</u>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) township)		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		<u>2219</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1927 O'Fallon</u>				d. STREET ADDRESS (If rural, give location) <u>21 1927 O'Fallon</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Maria</u>		b. (Middle) <u>picarella</u>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 25, 1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>June 25, 1884</u>	
9. AGE (In years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Siciliana, Italy</u>	
12. CITIZEN OF WHAT COUNTRY? <u>Italy</u>		13a. FATHER'S NAME <u>Dominico Condina</u>		13b. MOTHER'S MAIDEN NAME <u>Theresa Infurna</u>		14. NAME OF HUSBAND OR WIFE <u>Tommaso picarella</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Tommaso picarella 1927 O'Fallon</u>			
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) <u>Acute Cardiac Deкомпensation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension Malignant</u> DUE TO (c) <u>Arteriosclerosis General</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Post-Operative Hernia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>?</u> <u>?</u> <u>5 yrs</u> <u>5 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>443X</u>			
22. I hereby certify that I attended the deceased from <u>3-28-1945</u> , to <u>9-25-1950</u> , that I last saw the deceased alive on <u>9-25-1950</u> , and that death occurred at <u>9 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Nicholas Vitale M.D.</u>				23b. ADDRESS <u>3861 St. Louis Ave.</u>		23c. DATE SIGNED <u>9/26/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 28, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, MO.</u>	
DATE REC'D BY LOCAL REG. <u>SEP 27 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>P. Miceli 1150 No. Kingshighway</u>			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Christ B. Rodwell

Licensed Embalmer No. 4077

P. O. Address _____

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.