

FILED OCT 18 1950

STANDARD CERTIFICATE OF DEATH

State File No. 35143

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8450

1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>		c. LENGTH OF STAY (In this place) <u>10 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nokomis</u> <u>8120</u>		d. STREET ADDRESS (If rural, give location) <u>5</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>							
3. NAME OF DECEASED. (Type or Print)		a. (First) <u>Leona</u>	b. (Middle) <u>Azzolina</u>	c. (Last) <u>Mongiati</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 4, 1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>7-9-1889</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (State or foreign country) <u>Ivily</u>		12. CITIZEN OF WHAT COUNTRY? <u>5</u>		
13a. FATHER'S NAME <u>Renaldo Mozzanti</u>		13b. MOTHER'S MAIDEN NAME <u>Rose Mozzanti</u>		14. NAME OF HUSBAND OR WIFE <u>Pietro</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>James Mongiat</u>		ADDRESS <u>Nokomis Ill</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the sigmoid</u>				INTERVAL BETWEEN ONSET AND DEATH _____		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Peritonitis</u>						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>152X</u>			
22. I hereby certify that I attended the deceased from <u>Aug. 25, 1950</u> , to <u>Oct. 4, 1950</u> , that I last saw the deceased alive on <u>Oct. 4, 1950</u> , and that death occurred at <u>6:35A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>F R Brasley</u>			(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>BARNES HOSPITAL</u>		23c. DATE SIGNED <u>10/4/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10/4/1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Nokomis</u>		24d. LOCATION (City, town, or county) (State) <u>Ill</u>		
DATE REC'D BY LOCAL REG. <u>OCT 6 1950</u>		REGISTRAR'S SIGNATURE <u>S. B. Sauter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service Inc.</u>			

(Licensed Embalmer's Statement on Reverse Side)

4525 Manchester Ave., St. Louis 10, Mo.

USE 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *J. Allen Davis Jr*

Licensed Embalmer No. *4053*

P. O. Address *Strand 10*

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

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