S. No. 300
V. 10.48

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

FILED NOV 3 1950
#115169

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35415

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8970

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Missouri
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis City Hospital #1.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS 17 2179
d. STREET ADDRESS (If rural, give location) 3409 MAGNOLIA AVE. 0

3. NAME OF DECEASED (Type or Print)
a. (First) JOHN b. (Middle) J. c. (Last) VASSALLO

4. DATE OF DEATH (Month) (Day) (Year) Oct. 21st, 1950

5. SEX MALE 0
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 3
8. DATE OF BIRTH SEP'T 24, 1911
9. AGE (In years last birthday) 39 | 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) PROPRIETOR
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO. 0
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME SALVATORE VASSALLO
13b. MOTHER'S MAIDEN NAME ANTOINETTE GENOVESE
14. NAME OF HUSBAND OR WIFE JUNE VASSALLO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ANGELO VASSALLO **ADDRESS** 3409 MAGNOLIA

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of the liver — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 5810

22. *I hereby certify that I attended the deceased from* 9/22/50, 19___, *to* 10/21/50, 19___, *that I last saw the deceased alive on* 10/21/50, 19___, *and that death occurred at* 7:40am m., *from the causes and on the date stated above.*

23a. SIGNATURE Robert Kiyasu MD KIYASU 0 (Degree or title)
23b. ADDRESS 1515 Lafayette Ave.,
23c. DATE SIGNED 10/21/50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 0
24b. DATE OCT. 24, 1950
24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM.
24d. LOCATION (City, town, or county) ST. LOUIS, MO. (State)

DATE REC'D BY LOCAL REG. OCT 23 1950
REGISTRAR'S SIGNATURE J. B. Sander
25. FUNERAL DIRECTOR'S SIGNATURE KRIEGSHAUSER **ADDRESS** 4448 S. KINGSHIGHWAY

(Licensed Embalmer's Statement on Reverse Side)

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 Richard W. Stoversand

Signed.....
Student Embalmer

Licensed Embalmer No. 4007

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.