

FILED NOV 22 1950

STANDARD CERTIFICATE OF DEATH

State File No. 39318

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

4001

BIRTH NO. _____ REG. DIST. NO. 307 PRIMARY REG. DIST. NO. 3064 Registrar's No. 2773

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FURGEON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FURGEON</u>	
c. LENGTH OF STAY (In this place) <u>18 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>433 HERN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>433 HERN</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Philip</u> b. (Middle) <u>-</u> c. (Last) <u>MANNINO</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 15-1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 17 1881</u>
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during month of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Italy</u>
12. CITIZEN OF WHAT COUNTRY? <u>Italy</u>			
13a. FATHER'S NAME <u>Joseph Mannino</u>		13b. MOTHER'S MAIDEN NAME <u>Nunzia GRIGOLI</u>	14. NAME OF HUSBAND OR WIFE <u>Tony Josephine</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>TONY MANNINO</u> ADDRESS <u>404 S. Clark</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MULTIPLE MYELOMA</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bilateral Pulmonary Pneumonia</u> 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 <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) <u>203X</u>	
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? _____	
22. I hereby certify that I attended the deceased from <u>Oct 1</u> , 19 <u>50</u> , to <u>Nov 15</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Nov 15</u> , 19 <u>50</u> , and that death occurred at <u>9:10 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>S. J. Ciapciak M.D.</u>		23b. ADDRESS <u>1901 Madison St.</u>	23c. DATE SIGNED <u>Nov 15, 1950</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11/20/50</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>11/18/50</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>P. Miceli & Sons 1150 N. Kings Highway</u>	

REC'D & FILED
JAN 2 8 1937

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.....
Anthony J. Musili

Licensed Embalmer No. *4277*

P. O. Address *St Louis, Mo.*

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.