

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42077**
Registrar's No. **11170**

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) St Louis		c. CITY (If outside corporate limits, write RURAL and give township) St Louis 2139	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deconess Hospital		e. STREET ADDRESS (If rural, give location) 5617 Botanical	

3. NAME OF DECEASED (Type or Print) a. (First) Henry (Enrie) Calcaterra b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Dec 27 1950			
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 19 1905	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (State or foreign country) Illinois	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Joseph Calcaterra	13b. MOTHER'S MAIDEN NAME Josephine Brubaker	14. NAME OF HUSBAND OR WIFE Theresa Calcaterra	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give year or date of service) No	16. SOCIAL SECURITY NO. 497-01-6785	17. INFORMANT'S SIGNATURE OR NAME Theresa Calcaterra	ADDRESS St Louis
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as asphyxiation, asphyxia, or strangulation, but means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 20 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) OA P.E.T. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. MAJOR FINDINGS OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Had

22. I hereby certify that I attended the deceased from **12/26, 1950**, to **12/27, 1950**, that I last saw the deceased alive on **12/27, 1950**, and that death occurred at **9:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Sam F. Dean M.D.	(Degree or title)	23b. ADDRESS 3720 Washington	23c. DATE SIGNED 12/28/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Dec 30 1950	24c. NAME OF CEMETERY OR CREMATORY Resurrection	24d. LOCATION (City, town, or county) (State) St Louis Mo
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DATE REC'D BY LOCAL REG. DEC 28 1950	REGISTRAR'S SIGNATURE J. B. Lasiter	25. FUNERAL DIRECTOR'S SIGNATURE Joseph Calcaterra	ADDRESS St Louis
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WRITE PLAINLY—USING UNFADING, BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

FILED JAN 13 1951
3720 Washington

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 _____

Licensed Embalmer No. _____

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 42077
Local Registrar's No. 11170

State of _____ }
County of _____ } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this _____ day of _____, 19____, before me appears _____

_____, who, upon _____ oath, states that the original record of birth death
for Henry Calcaterra died 12-27-1950, 19____, in the State of
~~born~~ Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 2 should read Henry (Enrico) Calcaterra

Instead of _____ Henry Calcaterra

Item No. 13a should read Joseph (Giuseppe) Calcaterra

Instead of _____ Joseph Calcaterra

Item No. 13b should read Josephine (Giuseppa) Brusati

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief

(SEAL) Affiant Theresa Calcaterra Informant Relationship.

5617 Botanical
Present Address.

Subscribed and sworn to before me this 13 day of Aug., 1951

My Commission expires 3-4-53 Charles J. Paddock Notary Public.

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13
7817

Amdavits containing erasures will not be accepted; draw one line through error and write above it.