

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42082

FILED JAN 13 1951

State File No. 11285

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____			
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 township) OR TOWN <u>St Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis Mo 2139</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5221 Botanical</u>				d. STREET ADDRESS (If rural, give location) <u>5221 Botanical</u>					
3. NAME OF DECEASED a. (First) <u>Lina</u> (Type or Print)			b. (Middle) <u>Carabelli</u>			c. (Last) _____			
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 30 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>Sept 8 1893</u>			
9. AGE (In years, last birthday) <u>57</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____					
10a. 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>St Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>Charles Berra</u>			13b. MOTHER'S MAIDEN NAME <u>Louise Calcaterra</u>			14. NAME OF HUSBAND OR WIFE <u>Joseph</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Diabetes Mellitus</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>15 yrs</u>	
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) _____					
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>2nd X</u>					
22. I hereby certify that I attended the deceased from <u>Jan 1, 1945</u> , to <u>12/30, 1950</u> , that I last saw the deceased alive on <u>12/28, 1950</u> , and that death occurred at <u>4 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>L. H. Miller, M.D.</u> (Degree or title)				23b. ADDRESS <u>2608 S. Kingshighway</u>		23c. DATE SIGNED <u>12/30/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Jan 3 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Charles</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>			
DATE REC'D BY LOCAL REG. <u>JAN 2 1951</u>		REGISTRAR'S SIGNATURE <u>L. B. Lusater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul Calcaterra</u> ADDRESS <u>5140 Daggett</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~~ by ME

working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed W W Wilkins

Licensed Embalmer No. 3575

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.