

FILED JAN 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2348  
27

Registrar's No. 1003

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 town) ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) 13 OR TOWN ST. LOUIS 2139	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Bethesda Hospital		d. STREET ADDRESS (If rural, give location) 5378 ODELL	

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) BELGERI	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) JAN. 2 1951
-------------------------------------	-----------------	---------------------	-----------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH June 10 1895	9. AGE (In years last birthday) 55	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	11. BIRTHPLACE (State or foreign country) Sw. IRELAND 5	12. CITIZEN OF WHAT COUNTRY? USA
-------------	------------------------	--	-------------------------------	------------------------------------	--	---	----------------------------------

13a. FATHER'S NAME Paul Belgeri	13b. MOTHER'S MAIDEN NAME Rose	14. NAME OF HUSBAND OR WIFE Ella Belgeri 5378 Odell
---------------------------------	--------------------------------	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Sylvia Diambelli	ADDRESS 5378 Odell
--	-------------------------	--	--------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of pharynx		INTERVAL BETWEEN ONSET AND DEATH 6 Mo 7
	ANTECEDENT CAUSES Morbidity 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 11-23-1950	19b. MAJOR FINDINGS OF OPERATION Tracheotomy to enable patient to breathe	20. AUTOPSY? YES <input 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? 148X

22. I hereby certify that I attended the deceased from 8-7, 1950, to 1-2, 1951, that I last saw the deceased alive on 1-1, 1951, and that death occurred at 11 A.M., from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title)	23b. ADDRESS 4508 Olive	23c. DATE SIGNED 1-3-1951
----------------------------	-------------------	-------------------------	---------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 4 1951	24c. NAME OF CEMETERY OR CREMATORY Resurrection	24d. LOCATION (City, town, or county) (State) St. Louis Mo
--	-----------------------	---	--

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 3 1951	REG. [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Paul P. Calcatone	ADDRESS 518 2nd Day
--	------------------	--	---------------------

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

*MA Webb*

---

---

**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. \_\_\_\_\_

Student .....  
Student Embalmer

Signed: *Paul P. Calcaterra*

Licensed Embalmer No. *2376*

P. O. Address *5142 Blagden*

**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.