

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2930

FILED JAN 19 1951

State File No. 128  
Registrar's No. 128

BIRTH NO. 45400-50 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 Missouri b. COUNTY St. Louis	
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	
c. LENGTH OF STAY (In this place) 6-DAYS		d. STREET ADDRESS (If rural, give location) 3432 OREGON	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Children's Hospital			

3. NAME OF DECEASED (Type or Print) Louis Joseph RIVITUSO - Jr.			4. DATE OF DEATH (Month) (Day) (Year) 1-5-51		
a. (First)	b. (Middle)	c. (Last)			

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH 7-11-50	9. AGE (In years last birthday) 6	IF UNDER 1 YEAR Day 29	IF UNDER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis - Missouri		12. CITIZEN OF WHAT COUNTRY? Amer.	
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13a. FATHER'S NAME Louis Joseph Rivituso Sr.		13b. MOTHER'S MAIDEN NAME Lucille Spinale		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME A. CARSON - 500 So. Kings Highway		ADDRESS	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Brain abscess, etiology unknown. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hydronephrosis + Congenital malformation of kidneys DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH 2 mo 6 mo 25 days	
		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 checked="" type="checkbox"/> NO <input 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)
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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? 757.3
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22. I hereby certify that I attended the deceased from 12-29, 1950, to 1-5, 1951, that I last saw the deceased alive on 1-5, 1951, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE Wm. Klingberg MD		(Degree or title)		23b. ADDRESS 500 So. Kings Highway		23c. DATE SIGNED	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-8-51	24c. NAME OF CEMETERY OR CREMATORY Calvary	24d. LOCATION (City, town, or county) (State) St. Louis Mo
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DATE REC'D BY LOCAL REG. JAN 7 1951	REGISTRAR'S SIGNATURE J. B. Laster	25. FUNERAL DIRECTOR'S SIGNATURE Moynell Funeral Home	ADDRESS 1926 A Allen
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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, or by me

working under my personal supervision.

Student Embalmer No.....

Signed

*Ale A. Strammann*

Signed.....

Student Embalmer

Licensed Embalmer No. 4533

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.