S. No. 300
v. 10.48

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

FILED FEB 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5935

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1112

1. PLACE OF DEATH
a. COUNTY: St. Louis Mo.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis Mo.
c. LENGTH OF STAY (In this place): 29 Yeas
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4524 Clarence (Home)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis Mo. 2092
d. STREET ADDRESS (If rural, give location): 4524 Clarence

3. NAME OF DECEASED (Type or Print)
a. (First): Angelina
b. (Middle):
c. (Last): Calandro

4. DATE OF DEATH (Month) (Day) (Year): Feb. 3 1951

5. SEX: F.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 20, 1902
9. AGE (In years last birthday): 48 — If under 1 year: Months 3, Days 13; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hauswife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Castelvetrano Italy
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Luige Sciortino
13b. MOTHER'S MAIDEN NAME: Antonina Licauzi
14. NAME OF HUSBAND OR WIFE: Vito Calandro

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: Vito Calandro
ADDRESS: 4524 Clarence

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) Carcinoma of sphenoid sinus with intracranial extension — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES

Morbid 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: 3-25-49
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 160X

22. *I hereby certify that I attended the deceased from* 3-15, 1949, *to* Feb 2, 1951, *that I last saw the deceased alive on* Feb 2, 1951, *and that death occurred at* 2 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Myrle Bryan
(Degree or title): M.D.
23b. ADDRESS: 3720 Washington
23c. DATE SIGNED: 2-5-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 6, 1951
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): St Louis Mo.

DATE REC'D BY LOCAL REGISTRAR: FEB 5 1951
REGISTRAR'S SIGNATURE: J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: P. Miceli & Sons, 1150 N. Kingshighway

(Licensed Embalmer's Statement on Reverse Side)

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 Anthony J. Mueller

Licensed Embalmer No. 4777

P. O. Address St Louis

Signed.....
Student Embalmer

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.