

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 10420
2718

| | | | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------------------------------------|--|
| 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 | | | | 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,</u> | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DEPAUL HOSPITAL</u> | | | | d. STREET ADDRESS (If rural, give location) | | <u>3922 a PALM ST.</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | | a. (First) | | b. (Middle) | | c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) | | |
| <u>ANTHONY</u> | | | <u>ANTHONY</u> | | <u>MERCURIO</u> | | <u>MARCH 21,</u> | | <u>1951</u> | | |
| 5. SEX | | 6. COLOR OR RACE | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | | 8. DATE OF BIRTH | | 9. AGE (In years last birthday) | | 10. IF UNDER 1 YEAR Months Days | |
| <u>MALE</u> | | <u>WHITE</u> | | <u>MARRIED</u> | | <u>JUNE 13, 1884</u> | | <u>66</u> | | | |
| 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) | | 12. CITIZEN OF WHAT COUNTRY? | | | |
| <u>CLERK</u> | | | | <u>BARRY COMM, CO.</u> | | <u>ITALY</u> | | <u>U.S.A.</u> | | | |
| 13a. FATHER'S NAME | | | | 13b. MOTHER'S MAIDEN NAME | | | | 14. NAME OF HUSBAND OR WIFE | | | |
| <u>FRANCIS MERCURIO</u> | | | | <u>MARY BOVA</u> | | | | <u>ROSE MERCURIO</u> | | | |
| 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 & ADDRESS | | | | | |
| <u>NO</u> | | | | <u>3 194-01-7657</u> | | <u>ROSE MERCURIO 3922 a PALM ST.</u> | | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis - from Ca. of Rectum.</u> | | | | | | | | | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gangrene of legs & scrotum</u> | | | | | | | | | |
| | | DUE TO (c) <u>none</u> | | | | | | | | | |
| | | 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 type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| <u>none</u> | | <u>none</u> | | | | | | | | | |
| 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 type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>15 ft</u> | | | | | | | |
| | | | | | | | | | | | |
| 22. I hereby certify that I attended the deceased from <u>3-13, 1951</u> , to <u>3-21, 1951</u> , that I last saw the deceased alive on <u>3-21, 1951</u> , and that death occurred at <u>9:25 m.</u> , from the causes and on the date stated above. | | | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) | | | | 23b. ADDRESS | | | | 23c. DATE SIGNED | | | |
| <u>J. B. Parster M.D.</u> | | | | <u>3720 Wash. Ave.</u> | | | | <u>3-23-51</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE | | 24c. NAME OF CEMETERY OR CREMATORY | | 24d. LOCATION (City, town, or county) (State) | | | | | |
| <u>BURIAL</u> | | <u>3/26/51</u> | | <u>CALVARY CEMETERY</u> | | <u>ST. LOUIS, MO.</u> | | | | | |
| DATE REC'D BY LOCAL HEALTH DEPT. <u>MAR 23 1951</u> | | | | REGISTRAR'S SIGNATURE <u>J. B. Parster</u> | | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STROUT - CARROLL 4600 NATURAL BRIDGE AVE</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *John J. Davies*.....

Licensed Embalmer No. *4108*.....

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.