

FILED APR 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10882

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 843

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS COUNTY MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u> <u>2249</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ENROUTE ST. LOUIS COUNTY HOSP.</u>		d. STREET ADDRESS (If rural, give location) <u>1924 PROVENCHERE PL.</u>	

3. NAME OF DECEASED a. (First) <u>JOSEPH</u> b. (Middle) <u>-</u> c. (Last) <u>MANTIA</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 30 1951</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 5 1891</u>	9. AGE (In years last birthday) <u>59</u>	10. MONTHS <u>59</u>	11. DAYS <u>59</u>	12. IF BORN IN U.S. <u>NO</u>	13. IF BORN IN FOREIGN COUNTRY <u>NO</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETAIL PRODUCE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>ITALY 5</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>ANTHONY MANTIA</u>		13b. MOTHER'S MAIDEN NAME <u>AGATHA CAITO</u>		14. NAME OF HUSBAND OR WIFE <u>MARY MANTIA</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>YES WW #1</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MARY MANTIA - 1924 PROVENCHERE</u>				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, atherosclerosis, 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 DUE TO (b) <u>Ch. Hypertension</u> DUE TO (c) <u>Hypertension</u> 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>6 days</u> <u>3 yrs.</u> <u>?</u>	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>W20.1</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from 3-21 1951 to 3-28 1951, that I last saw the deceased alive on 3-28 1951, and that death occurred at 5 P.M. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Burton Bohannon M.D.</u> (Degree or title)		23b. ADDRESS <u>2602 S. Grand St.</u>		23c. DATE SIGNED <u>3/31/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APRIL 2 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>	
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DATE REC'D BY LOCAL REG. <u>4/1/51</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Lomke M.D.</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kutia</u>		ADDRESS <u>2906 Georgia</u>	
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MAY 7 1951

No. 44-98
868

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 Spencer C. Will

Signed.....
Student Embalmer

Licensed Embalmer No. 4347

P. O. Address 2906 Duvall

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.