

FILED MAY 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17793
State File No. 4601

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

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| 1. PLACE OF DEATH a. COUNTY | | 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 town or town) <u>St. Louis, Missouri</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> <u>2139</u> | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) <u>4928 Shaw Ave.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>ALBERT</u> | b. (Middle) | c. (Last) <u>BALDESI</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 15 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>Dec. 21, 1885</u> | 9. AGE (In years last birthday) <u>65</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
|--------------------|-------------------------------|---|---------------------------------------|---|-----------------------------|-----------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Italy</u> <u>5</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.</u> |
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| 13a. FATHER'S NAME <u>Unknown</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Maria</u> |
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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) <u>No</u> | 16. SOCIAL SECURITY NO. <u>Unknown</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Maria Baldesi</u> | ADDRESS <u>4928 Shaw Ave.</u> |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> | | |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis generaliz</u> DUE TO (c) <u>Arteriosclerotic Heart Disease</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input 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) (m.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>H200</u> |
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22. I hereby certify that I attended the deceased from May 5, 1951, to May 15, 1951, that I last saw the deceased alive on May 15, 1951, and that death occurred at 12:45 m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Maurice J. Smayda, M.D.</u> | 23b. ADDRESS <u>1515 Lafayette</u> | 23c. DATE SIGNED <u>5-15-51</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>5-18-51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Co., Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>MAY 16 1951</u> | REGISTRAR'S SIGNATURE <u>J. B. Pasater</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul C. Calcaterra</u> | ADDRESS <u>5140 Daggett Ave.</u> |
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Robert M Murray*.....

Licensed Embalmer No. *3249*.....

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.