

FILED JUN 23 1951

STANDARD CERTIFICATE OF DEATH

State File No. **21480**
Registrar's No. **5357**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**
c. LENGTH OF STAY (in this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **St. Anthony Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE _____ b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis, Missouri 2209**
d. STREET ADDRESS (If rural, give location) **2324 Madison**

3. NAME OF DECEASED
a. (First) **Josephine** b. (Middle) _____ c. (Last) **Triola**

4. DATE OF DEATH **June 11 51**

5. SEX **F.**

6. COLOR OR RACE **W.**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **Oct. 15, 1882**

9. AGE (in years last birthday) **68** IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 18 HRS. Hours _____ Min. _____

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) **Corlione Italy 5**

12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME **Salvatore Giacopelli**

13b. MOTHER'S MAIDEN NAME **Angela LiPizzi**

14. NAME OF HUSBAND OR WIFE **Salvatore Triola**

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 **Salvatore Triola** ADDRESS **2324 Madison**

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) **Cerebral Edema**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **auricular fibrillation**
arterio sclerotic
DUE TO (c) **heart disease with myocardial infarction**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
2 1/2 hrs
2 mo.
2 mo

19a. DATE OF OPERATION _____

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) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **4200**

22. I hereby certify that I attended the deceased from **46** to **6/11**, 19 **51**; that I last saw the deceased alive on **6/11**, 19 **51**, and that death occurred at **12:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Michael O. M.W.** (Degree or title) _____

23b. ADDRESS **812 Olive St. Louis**

23c. DATE SIGNED **6/25/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **June 14-51**

24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery**

24d. LOCATION (City, town, or county) (State) **St. Louis Mo.**

DATE REC'D BY LOCAL REG. **JUN 12 1951** REGISTRAR'S SIGNATURE **J. B. Laster**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **P. Miceli, & Sons 1150 N. Kingshighway**

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 *Anthony J. Micali*

Licensed Embalmer No. *4277*

P. O. Address _____

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.