

STANDARD CERTIFICATE OF DEATH

State File No. 25209

FILED AUG 7 1951

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6529

1. PLACE OF DEATH a. COUNTY St. Louis, Mo.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. 2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		d. STREET ADDRESS (If rural, give location) 3711a Garfield Av.	
3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) _____ c. (Last) Saitta.		4. DATE OF DEATH (Month) (Day) (Year) 7-21-1951	
5. SEX 0 male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower	8. DATE OF BIRTH 3-31-1883
9. AGE (In years last birthday) 68		10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 14 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe-Worker		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Chicago, Ill
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Francis Saitta	
13b. MOTHER'S MAIDEN NAME Bendito Santo.		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no.		16. SOCIAL SECURITY NO. 490-26-528-2	
17. INFORMANT'S SIGNATURE OR NAME Bernice Hager		ADDRESS 3711a Garfield Ave	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myotropic Latrals DUE TO (c) Sclerosis 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 type="checkbox"/>			
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 356.1	
22. I hereby certify that I attended the deceased from March 1950 , to July 1951 , that I last saw the deceased alive on July 1951 , and that death occurred at 9:30 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE C. C. Brooks, M.D.		23b. ADDRESS 507 So. Euclid	
23c. DATE SIGNED 7-21-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 7/23/51	24c. NAME OF CEMETERY OR CREMATORY Calvary cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
DATE REC'D BY LOCAL REG. JUL 22 1951		REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR'S SIGNATURE Sullivans		ADDRESS 2849 N. Euclid City	

(Licensed Embalmer's Statement on Reverse Side)

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

True

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *Robert R Brinkema*

Licensed Embalmer No. *3553*

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.