

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 1 1951

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State File No. 28252  
Registrar's No. 7558

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 28252		Registrar's No. 7558			
1. PLACE OF DEATH a. COUNTY <u>1</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> 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>			2199		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2437 MACKLIND</u>				13. STREET ADDRESS (If rural, give location) <u>2437 Macklind</u>							
3. NAME OF DECEASED (Type or Print) <u>CLEMENTINA GARAVAGLIA</u>			a. (First)			b. (Middle)			c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 24 1951</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 20, 1879</u>		9. AGE (In years last birthday) <u>72</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Italy 5</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>John Miramonte</u>				13b. MOTHER'S MAIDEN NAME <u>Giuseppina Tomaroli</u>				14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>David Garavaglia</u>				ADDRESS <u>2437 Macklind</u>			
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, assthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>non compensated mitral stenosis</u> ANTECEDENT CAUSES <u>Rheumatic fever</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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>1 yr.</u> <u>?</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? <u>H/OI. 1</u>							
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:30 P.</u> m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>L. A. Mellikin</u>				23b. ADDRESS <u>M.D. 2608 S. Kings Highway</u>				23c. DATE SIGNED <u>8/25/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 27 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u>		24d. LOCATION (City, town, or county) <u>St. Louis</u>		(State) <u>Mo.</u>			
DATE REC'D BY LOCAL REG. _____		REGISTRAR'S SIGNATURE <u>Paul C. Calcation</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul C. Calcation</u>				ADDRESS <u>514 E. Doggett</u>			

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

AUG 24 1951

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 me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No. 4699

P. O. Address St. Charles, 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.