

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35379**
9080
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9080			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Saint Louis)		c. LENGTH OF STAY (in this place) 3 Weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		2109			
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital # 1				b. STREET ADDRESS (If rural, give location) 3629 N. Taylor Avenue, 15,					
3. NAME OF DECEASED (Type or Print) Annie			a. (First)		b. (Middle) Mantia		c. (Last)		
4. DATE OF DEATH Oct. 12th, 1951			(Month)		(Day)		(Year)		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 29th, 1893		9. AGE (In years last birthday) 58	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Saint Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Nicholas Bova			13b. MOTHER'S MAIDEN NAME Nunzia			14. NAME OF HUSBAND OR WIFE Late Dominic Mantia			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mr. Pete Bova, 3629 N. Taylor Avenue, 15.				ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis of Lungs Elder Anesthesia following trauma colostomy at City Hospital DUE TO (b) DUE TO (c) on Oct 12 1951 about 505pm II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 6:15 PM					
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 530 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE Calvin F. Fetzt (Degree or title)				23b. ADDRESS 1300 Clark			23c. DATE SIGNED 10.15.51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/16/51		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) Saint Louis, Missouri			
DATE REC'D BY LOCAL REG. OCT 15 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Fetzt, 4828 Natural Bridge Blvd. ADDRESS					

(Licensed Embalmer's Statement on Reverse Side)

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 Ralph C. Linders

Licensed Embalmer No. 4275

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.