

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40284**

FILED NOV 16 1951

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 9650

1. PLACE OF DEATH a. COUNTY St. Louis Co. 4000		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY St. Louis County	
b. CITY (If outside corporate limits, write RURAL and give township) ST. JOHNS STA. MO		c. CITY (If outside corporate limits, write RURAL and give township) Rural St. Johns 4210	
c. LENGTH OF STAY (In this place) YRS.		d. STREET ADDRESS (If rural, give location) 8743 Mavis Pl. St. Louis Co	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8743 Mavis - St. JOHN - MO			

3. NAME OF DECEASED (Type or Print) a. (First) Tony b. (Middle) G c. (Last) Nota			4. DATE OF DEATH (Month) (Day) (Year) 11 7 51		
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-1-1893		9. AGE (In years last birthday) 58
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Italy 5	
10a.		10b.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME Joseph Nota	13b. MOTHER'S MAIDEN NAME Frances Gloriosa	14. NAME OF HUSBAND OR WIFE Mary Nota
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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) YES W-W	16. SOCIAL SECURITY NO. 489-16-8125	17. INFORMANT'S SIGNATURE OR NAME Mary Nota	ADDRESS 8743 Mavis Pl/
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Hypertensive and Arteriosclerotic Heart Disease		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 4200
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/21, 1951, to 11/7, 1951, that I last saw the deceased alive on 11/5, 1951, and that death occurred at 8:30 AM from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Robert Potashnick M.D.	23b. ADDRESS 508 N. Grand	23c. DATE SIGNED 11/8/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-10-51	24c. NAME OF CEMETERY OR CREMATORY Calvary	24d. LOCATION (City, town, or county) (State) St. Louis Mo
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DATE REC'D BY LOCAL REG. 11-10-51	REGISTRAR'S SIGNATURE Herbert R. Jones	25. FUNERAL DIRECTOR'S SIGNATURE Herbert R. Jones	ADDRESS M. J. Sullivan's Fun. Dir 2849 N. Euclid
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(Licensed Embalmer's Statement on Reverse Side)

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

Long Photo

DEC 14 1937

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 *Francis Williamson*

Signed.....

Student Embalmer

Licensed Embalmer No. *3565*

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.