

FILED JAN 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41598
State File No.
5643
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>5643</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>42 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township). <u>KANSAS CITY</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4221 MONTGALL</u>				d. STREET ADDRESS (If rural, give location) <u>4221 MONTGALL 3610</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u>		b. (Middle) <u>GILARDI</u>		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>12-28-51</u>	
5. SEX <u>M O</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>		8. DATE OF BIRTH <u>APRIL 22-1896</u>	
9. AGE (In years last birthday) <u>55</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>OWNER FRUIT MK.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FRUIT MARKET</u>		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS Mo O</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>August Gilardi</u>		13b. MOTHER'S MAIDEN NAME <u>Theresa Palancino</u>		14. NAME OF HUSBAND OR WIFE <u>NINA GILARDI</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>WORLD WAR #1 NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nina Gilardi 4221 Montgall</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute coronary thrombosis</u> ANTECEDENT CAUSES " <u>coronary disease</u> DUE TO (b) _____ DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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>sudden 12/28-51</u> <u>4201</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?			
22. I hereby certify that I attended the deceased from <u>12-3-51</u> to <u>12-28-51</u> , that I last saw the deceased alive on <u>12-27-51</u> , 19 <u>51</u> , and that death occurred at <u>8:30 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>A. Saladino M.D.</u> (Degree or title)				23b. ADDRESS <u>1040 Ogden</u>		23c. DATE SIGNED <u>12-29-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-31-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVET</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u>	
DATE REC'D BY LOCAL REG. <u>12-29-51</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		FUNERAL DIRECTOR'S SIGNATURE <u>PASSANTINO BROS</u>		ADDRESS <u>KC-MO</u>	

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

Dr. Saladino

Miss 286

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Leonard C. Passantino*

Licensed Embalmer No. *4554*

P. O. Address *Ke, 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.