

FILED JAN 16 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42964  
Registrar's No. 11751

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>11751</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis Mo.</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>5100 Arsenal St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis State Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>5100 Arsenal St.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Carmela</b>		b. (Middle) <b>Russella</b>		c. (Last) <b>Graci</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 30, 1951</b>	
5. SEX <b>F.</b>		6. COLOR OR RACE <b>W.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Wid.</b>		8. DATE OF BIRTH <b>Dec. 8 1879</b>	
9. AGE (In years last birthday) <b>72</b>		IF UNDER 1 YEAR Months <b>22</b> Days <b>22</b>		IF UNDER 1 YEAR Hours <b>XX</b> Min. <b>XX</b>		11. BIRTHPLACE (State or foreign country) <b>Licata, Italy</b>	
10a. USUAL OCCUPATION (Give kind of work or profession if leading life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (State or foreign country) <b>Licata, Italy</b>		12. CITIZEN OF WHAT COUNTRY? <b>Italy</b>		13a. FATHER'S NAME <b>Vincent Russella</b>		13b. MOTHER'S MAIDEN NAME <b>Vincenzia</b>	
13a. FATHER'S NAME <b>Vincent Russella</b>		13b. MOTHER'S MAIDEN NAME <b>Vincenzia</b>		14. NAME OF HUSBAND OR WIFE <b>Jasper Graci</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Sam Faraci 4320 Marcus</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <b>Generalized Arteriosclerosis</b> DUE TO (c) <b>Senility</b>  II. OTHER SIGNIFICANT CONDITIONS - <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <b>5yrx</b>	
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) <b>St. Louis Mo. Mo.</b>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
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? <b>4200</b>			
22. I hereby certify that I attended the deceased from <b>Jan. 1, 1950</b> , to <b>Dec. 30, 1951</b> , that I last saw the deceased alive on <b>Dec. 30, 1951</b> and that death occurred at <b>5:30p</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Jack P. Delmonico</b> (Degree or title)				23b. ADDRESS <b>5100 Arsenal St.</b>		23c. DATE SIGNED <b>12/31/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan. 3, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valvary emetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JAN 2 1952</b>		REGISTRAR'S SIGNATURE <b>Paul Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>P. Miceli 1150 N. Kingshighway</b>			

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*J. Wm. D. Embury*

Licensed Embalmer No. 2653

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.