

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9796

State File No.
2806

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.											
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 township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2209											
d. FULL NAME OF HOSPITAL OR INSTITUTION: 2346 St. Louis Ave.				d. STREET ADDRESS (If rural, give location) 20 2346 St. Louis Ave.				0.									
3. NAME OF DECEASED (Type or Print) a. (First) Frank			b. (Middle) _____			c. (Last) Catanzaro											
4. DATE OF DEATH (Month) (Day) (Year) March 22 1952																	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 6, 1896		9. AGE (In years last birthday) 55		10. UNDER 1 YEAR Months _____		11. UNDER 1 YEAR Days _____		12. UNDER 1 YEAR Hours _____		13. UNDER 1 YEAR Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fruit Merchant				10b. KIND OF BUSINESS OR INDUSTRY Self				11. BIRTHPLACE (State or foreign country) St. Louis Missouri				12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME Cosimo Catanzaro				13b. MOTHER'S MAIDEN NAME Mary Dattilo				14. NAME OF HUSBAND OR WIFE Mary Catanzaro									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW #1				16. SOCIAL SECURITY NO. _____				17. INFORMANT'S SIGNATURE OR NAME Mary Catanzaro				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) Cause Pancreas ANTECEDENT CAUSES Morbid 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 _____					
19a. DATE OF OPERATION Nov 23 1951				19b. MAJOR FINDINGS OF OPERATION Cause Heart Pancreas								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? 157X									
22. I hereby certify that I attended the deceased from Nov 27, 1951 , to Mar 27, 1952 , that I last saw the deceased alive on Mar 27, 1952 , and that death occurred at 10:15 A.M. , from the causes and on the date stated above.																	
23a. SIGNATURE R. H. Lewis (Degree or title) _____						23b. ADDRESS 2342 St. Louis						23c. DATE SIGNED 3/24/52					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial				24b. DATE 3-26-52				24c. NAME OF CEMETERY OR CREMATORY Calvary				24d. LOCATION (City, town, or county) (State) St. Louis Missouri					
DATE REC'D BY LOCAL REG. MAR 25 1952				REGISTRAR'S SIGNATURE Charles Smith				FUNERAL DIRECTOR'S SIGNATURE W. B. Bense				ADDRESS 1431 Union Bldg					

m80 (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 _____
12/5/54

working under my personal supervision.

Student Embalmer No.

Signed _____

John J. Staines

Signed.....
Student Embalmer

Licensed Embalmer No. 4108

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.