

FILED APR 23 1952

STANDARD CERTIFICATE OF DEATH

State File No. **14551**  
Registrar's No. **2867**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>23 Overland 423 X</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Firmin Desloge Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>10320 Thorpe 1</b>	

3. NAME OF DECEASED a. (First) <b>Giuseppe</b> b. (Middle) <b>( Joseph )</b> c. (Last) <b>L. Maniscalco</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 24 52</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 8 1880</b>		9. AGE (In years last birthday) <b>71 20</b> <input type="checkbox"/> UNDER 1 YEAR Months <input type="checkbox"/> UNDER 1 HR. Hours <input type="checkbox"/> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>		11. BIRTHPLACE (State or foreign country) <b>Italy 5</b>	
13a. FATHER'S NAME <b>Benedito Maniscalco</b>			13b. MOTHER'S MAIDEN NAME <b>Maria Licare</b>		14. NAME OF HUSBAND OR WIFE <b>Giovannina Maniscalco</b>

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>Giovannina Maniscalco 10320 Thorpe</b>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>12 days</b>  <b>years</b>  <b>2 weeks 5 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Cardiovascular D</b>		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Pulmonary Infarction Cerebral Thrombosis</b>		
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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>42011</b>

22. I hereby certify that I attended the deceased from **3-13-1952** to **3-24-1952**, that I last saw the deceased alive on **3-23-1952**, and that death occurred at **7 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Herbert E. Sweet</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>508 N. Grand</b>	23c. DATE SIGNED <b>3/25/51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Mar. 27-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>St. Louis Missouri</b>		

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>MAR 26 1952</b> <b>J. Carlsmith, Md</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>P. Miceli &amp; Son 1150 N. Kingshighw</b>
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(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.....

*Anthony J. Miceli*

Signed.....

Student Embalmer

Licensed Embalmer No. *4277*

P. O. Address *St Louis*

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.