

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14737**
3756

FILED MAY 1 - 1952

318

REG. DIST. NO. **1003** PRIMARY REG. DIST. NO.

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY 0				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY 2133	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 25 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 5600 Arsenal St.			
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary Hospital				3. NAME OF DECEASED a. (First) ANTHONY				b. (Middle) _____	
c. (Last) SALVIANO				4. DATE OF DEATH (Month) 4 (Day) 21 (Year) 1952					
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 31, 1902			
9. AGE (In years last birthday) 50		10. KIND OF BUSINESS OR INDUSTRY Black & White Cab		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Taxi Cab Owner				13a. FATHER'S NAME Angelo Salviano				13b. MOTHER'S MAIDEN NAME Catherine Reh	
13c. NAME OF HUSBAND OR WIFE Cressie Hayes Salviano				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. _____			
17. INFORMANT'S SIGNATURE OR NAME City Infirmary Records				ADDRESS 5800 Arsenal St.					
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) Mitastatic Carcinomatosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of brain 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 ? Months			
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? 193X					
22. I hereby certify that I attended the deceased from Mch. 28 , 19 52 , to Apr. 21 , 19 52 , that I last saw the deceased alive on 4/21/52 , 19 52 , and that death occurred at 12:30A m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) William M. Pweeney M.D.				23b. ADDRESS 5600 Arsenal St.		23c. DATE SIGNED 4/22/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 23, 1952		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
DATE REC'D BY LOCAL REG. APR 21 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.					

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 Richard W. Stovesand

Licensed Embalmer No. 4007

P. O. Address _____

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.