

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21892

State File No.

FILED JUL 2 - 1952
BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5726**

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

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE No. b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2709
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1			d. STREET ADDRESS (If rural, give location) 20 2848 St. Louis Ave.		
3. NAME OF DECEASED (Type or Print) a. (First) GIUSEPPE b. (Middle) (JOSEPH) c. (Last) DASARO			4. DATE OF DEATH (Month) (Day) (Year) JUNE 19, 1952		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 16, 1876	9. AGE (In years last birthday) 76	# UNDER 1 YEAR 1
# UNDER 1 MONTH 3	# UNDER 1 HOUR	# UNDER 1 MIN.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Trappeto Prov. Palermo		12. CITIZEN OF WHAT COUNTRY? Italian		13a. FATHER'S NAME Mariano Dasaro	
13b. MOTHER'S MAIDEN NAME Giuseppa Piccola		14. NAME OF HUSBAND OR WIFE Serafina Dasaro		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. 495-28-6885		17. INFORMANT'S SIGNATURE OR NAME Serafina Dasaro ADDRESS 2848 St. Louis Ave.			
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) Cerebral Thrombosis		
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis		
			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		
19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input 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)		332x
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 5-20-52 , 19__, to 6-19-52 , 19__, that I last saw the deceased alive on 6-19-52 , 19__, and that death occurred at 1:00A m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) F. L. Cotroneo, M.D.			23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 6-19-52
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 6-23-52	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. JUN 20 1952		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS P. Miceli & Sons 1150 N. Kingshighway	

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 *Anthony J. Miceli*

Licensed Embalmer No. *4277*

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.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State of

MO

State File No. 21892

County of

St. Louis

ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

5726

On this 7 day of Nov, 1955, before me appears Jack

Dasaro

who, upon his oath, states that the original record of birth

for Giuseppa ROSARIO DASARO, died born June 19, 1952, in the State of

Missouri, and which was filed at St. Louis on 19, should be corrected as follows:

Item No. 11 should read TRAPPETO Prov. PALERMO, Italy

Instead of Italy

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant

Jack Dasaro def.

Relationship.

3135 E No Sarah

Present Address.

Subscribed and sworn to before me this 7 day of Nov, 1955

My Commission expires

Feb. 4, 1959

Anthony J. Micali

Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

