

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26255

State File No. ....

FILED JUL 22 1952

BIRTH NO. 56254 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6672

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u><br>b. COUNTY |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>St. Louis</u> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>St. Louis</u>                            |  |
| c. LENGTH OF STAY (in this place)   |  | 2179   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>                                  |  | d. STREET ADDRESS (If rural, give location)<br><u>3934a Folsom</u>   |  |

|  |                                  |  |             |  |  |   |
|--|----------------------------------|--|-------------|--|--|---|
| 3. NAME OF DECEASED (Type or Print)<br><u>Salvatore</u>  |                                  | a. (First)   | b. (Middle) | c. (Last)<br><u>Ribaud</u>   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>July 8, 1952</u> |   |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Never Married</u> |             | 8. DATE OF BIRTH<br><u>July 7, 1952</u>                            | 9. AGE (In years last birthday)                              | IF UNDER 1 YEAR<br>Months   Days            |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>None</u> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY  |             | 11. BIRTHPLACE (State or foreign country)<br><u>St. Louis, Mo.</u> |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.</u> |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 13a. FATHER'S NAME<br><u>Sam Ribaud</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Dolores Moore</u> |  | 14. NAME OF HUSBAND OR WIFE<br><u>None</u>                           |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> |  | 16. SOCIAL SECURITY NO.<br><u>None</u>            |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Sam Ribaud, 3934a Folsom</u> |  |

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 day</u>                         |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis</u>   |  |  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>Bronchial Pneumonia</u>   |   |  |  |
| 19a. DATE OF OPERATION  | 19b. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>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) |
| 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?<br><u>7630</u>       |

22. I hereby certify that I attended the deceased from 7 July, 1952, to 8 July, 1952, that I last saw the deceased alive on 8 July, 1952, and that death occurred at 11 A m., from the causes and on the date stated above.

|  |                                     |  |
|--|-------------------------------------|--|
| 23a. SIGNATURE<br><u>D. F. Calomardo MD</u>                            | 23b. ADDRESS<br><u>2705 Clifton</u> | 23c. DATE SIGNED<br><u>9 July 52</u>                 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>             | 24b. DATE<br><u>7-9-52</u>          | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Calvary</u> |
| 24d. LOCATION (City, town, or county) (State)<br><u>St. Louis, Mo.</u> |                                     |  |

|   |   |   |
|---|---|---|
| DATE REC'D BY LOCAL REG.<br><u>JUL 9 1952</u> | REGISTRAR'S SIGNATURE<br><u>Carl Smith MD</u> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Paul C. Calcaterra, 5140 Daggett</u> |
|---|---|---|

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

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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.....  
Student Embalmer

Signed *No. Embalmer Paul C. Calceate*

Licensed Embalmer No.....

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.