S. No. 300
v. 10.46

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

FILED SEP 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33378

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8349

1. PLACE OF DEATH
a. COUNTY: ~~St. Louis~~
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Baptists Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pattonville 4070
d. STREET ADDRESS (If rural, give location): Box 104 /

3. NAME OF DECEASED (Type or Print)
a. (First): Nicholas
b. (Middle): (Nick)
c. (Last): Sacco

4. DATE OF DEATH (Month) (Day) (Year): Sept. 2, 1952

5. SEX: Male C
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: March 2-1914 /
9. AGE (In years last birthday): 38 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinists
10b. KIND OF BUSINESS OR INDUSTRY: McDonald Aircraft
11. BIRTHPLACE (State or foreign country): St. Louis Missouri C
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Anthony Sacco
13b. MOTHER'S MAIDEN NAME: Vincenza Stallone
14. NAME OF HUSBAND OR WIFE: Nutina Sacco

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.: 497-01-2066
17. INFORMANT'S SIGNATURE OR NAME: Nutina Sacco
ADDRESS: Box 104 Pattonville Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary moniliasis — INTERVAL BETWEEN ONSET AND DEATH: 9 mos.

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

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22. *I hereby certify that I attended the deceased from* June, 1952, *to* 11 30 PM, 1952 *that I last saw the deceased alive on* 2 Sept, 1952, *and that death occurred at* 11:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Truman E. Drake (Degree or title) MD
23b. ADDRESS: 114 N. Taylor St. L (8)
23c. DATE SIGNED: 4 Sept '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial C
24b. DATE: Sept. 6-52
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis Mo

DATE REC'D BY LOCAL REG.: SEP 4 1952
REGISTRAR'S SIGNATURE: J Carl Smith MD
MB
25. FUNERAL DIRECTOR'S SIGNATURE: P. Miceli & Sons
ADDRESS: 1150 N. Kingshighway

(Licensed Embalmer's Statement on Reverse Side)

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. Mucci

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.