

STANDARD CERTIFICATE OF DEATH

36264

State File No.

9431

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9431	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN - St. Louis		c. LENGTH OF STAY (in this place) 5 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		7013	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7718 A So. Broadway				d. STREET ADDRESS (If rural, give location) 7718 A So. Broadway			
3. NAME OF DECEASED (Type or Print) Clara		a. (First) R.		b. (Middle) Contini		c. (Last) _____	
4. DATE OF DEATH Oct. 10, 1952		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Jan 2, 1877		9. AGE (in years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		11. BIRTHPLACE (City and State or Foreign Country) Italy	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME ?		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Peter Contini, Sr.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. ?		17. INFORMANT'S SIGNATURE OR NAME PETER CONTINI, 7718 SO. BROADWAY			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver - Primary ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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 3 months 15 yrs.	
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) (Min.) _____	
21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 155X				22. I hereby certify that I attended the deceased from 1/19, 1952 , to 10/10, 1952 , that I last saw the deceased alive on 10/10, 1952 , and that death occurred at 12:45 P.m. , from the causes and on the date stated above.	
23a. SIGNATURE Michael L. Baird, M.D.		(Degree or title) M.D.		23b. ADDRESS 7629 So Broadway		23c. DATE SIGNED 10/11/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-14-52		24c. NAME OF CEMETERY OR CREMATORY MT. OLIVE CEMETERY		24d. LOCATION (City, town, or county) (State) LEMAI 23. MO.	
DATE REC'D BY LOCAL REG. OCT 14 1952		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Fendler Und. Co. ADDRESS 7420 Michigan Ave.			

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed: *Oliver C. Lundy*

Licensed Embalmer No. *11118*

P. O. Address *St. Louis, Mo.*

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.