

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37157**
Registrar's No. **2559**

FILED NOV 12 1952

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 547	REGISTRAR'S NO. 2559	
1. PLACE OF DEATH a. COUNTY St. Louis			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) 1 week		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital			d. STREET ADDRESS (If rural, give location) 3830a Kennerly Ave		
3. NAME OF DECEASED (Type or Print) a. (First) Anthony b. (Middle) Lo Duca c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Oct. 1 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 17 1878	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Fruit Peddler		10b. KIND OF BUSINESS OR INDUSTRY Produce	11. BIRTHPLACE (State or foreign country) Milazzo Italy		12. CITIZEN OF WHAT COUNTRY Italy
13a. FATHER'S NAME FRANCIS Lo Duca		13b. MOTHER'S MAIDEN NAME Mary UNK.	14. NAME OF HUSBAND OR WIFE Rosa Lo Duca		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. not	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frances Lo Duca 3830a Kennerly		
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) Peptic Ulcer with massive hemorrhage. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 5400 DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS 1.) Arteriosclerotic Heart Disease only 2.) Rheumatic Heart disease			INTERVAL BETWEEN ONSET AND DEATH 240
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) W	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?			
22. I hereby certify that I attended the deceased from March 24, 1952 , to Oct 1, 1952 , that I last saw the deceased alive on Oct 1, 1952 , and that death occurred at 11:30 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE Anthony F. Caravelli, M.D.		23b. ADDRESS 607 N. Grand Blvd		23c. DATE SIGNED 10/1/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 6-52	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Missouri		
DATE REC'D BY LOCAL REG. 10-4-52	REGISTRAR'S SIGNATURE Richard J. Donnell	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS P. Miceli & Sons 1150 N. Kingshigh way			

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

205
00

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 450 N. Kingshighway

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.