

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43333

12-24-52
DEC 24 1952

BIRTH NO.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

11271

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2149			
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital				d. STREET ADDRESS (If rural, give location) 14 4932 Potomac			
3. NAME OF DECEASED (Type or Print) a. (First) Phyllis b. (Middle) Ann c. (Last) Catalano			4. DATE OF DEATH (Month) (Day) (Year) 12 5 52				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) U	8. DATE OF BIRTH 12-5-52	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XXXXXXXXXXXX		10b. KIND OF BUSINESS OR INDUSTRY XXXXXXXXXXXX		11. BIRTHPLACE (State or foreign country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? Mother's father	
13a. FATHER'S NAME Phillip		13b. MOTHER'S MAIDEN NAME Ellen Mudd		14. NAME OF HUSBAND OR WIFE Phillip Catalano			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Phillip Catalano 4932 Potomac			
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature separation of placenta ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cause unknown 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	
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)		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)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 7615			
22. I hereby certify that I attended the deceased from Dec 5, 1952, to Dec 5, 1952, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:40 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Reverend Ken MD				23b. ADDRESS 1117 N Grand		23c. DATE SIGNED 12-5-52	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 12-9-52		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo	
DATE REC'D BY LOCAL REG. DEC 8 1952		REGISTRAR'S SIGNATURE J. Earl Smith, MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Muehl & Sons 1150 No. Kingshighway			

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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed..... *Anthony J. Miceli*

Licensed Embalmer No. *4227*

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.