

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43635**

FILED JAN 10 1953

Registrar's No. **11466**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. <b>43635</b>		Registrar's No. <b>11466</b>				
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>								
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>			c. LENGTH OF STAY (in this place) <b>2 mos. &amp; 19 days</b>			c. CITY OR TOWN <b>St. Louis</b>			<b>2139</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CITY INFIRMARY HOSPITAL</b>						d. STREET ADDRESS (If rural, give location) <b>5514 Elizabeth</b>						
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Lucia</b>		b. (Middle)		c. (Last) <b>MAURO</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>12 11 1952</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>Dec. 27, 1853</b>		9. AGE (In years last birthday) <b>98</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Italy</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>				
13a. FATHER'S NAME <b>Unknown</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Serafino</b>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Nancy Cunetto, 5514 Elizabeth</b>								
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes Mellitus</b>								INTERVAL BETWEEN ONSET AND DEATH <b>10 years</b> <b>15 years?</b> <b>10 years?</b>			
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <b>4200</b>							
22. I hereby certify that I attended the deceased from <b>Sept. 22, 1952</b> , to <b>Dec. 11, 1952</b> , that I last saw the deceased alive on <b>12/11, 1952</b> , and that death occurred at <b>12:25 P.M.</b> , from the causes and on the date stated above.												
23a. SIGNATURE <b>M. L. Goehausen M.D.</b>					23b. ADDRESS <b>5600 Arsenal St.</b>			23c. DATE SIGNED <b>12/11/52</b>				
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>12-15-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>			24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>					
DATE REC'D BY LOCAL REG. <b>DEC 12 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd.</b>							

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~~ Me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Elton R. Danielius

Licensed Embalmer No. 4283

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.