

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 0781

FILED FEB 3 1953

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

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 town) St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1150a N. Kingshighway		d. STREET ADDRESS (If rural, give location) 12 1150a N. Kingshighway			
3. NAME OF DECEASED (Type or Print) Pasquale Miceli			4. DATE OF DEATH (Month) (Day) (Year) Jan. 22-53		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 5, 1895	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Funeral Director	10b. KIND OF BUSINESS OR INDUSTRY Funeral Home	11. BIRTHPLACE (State or foreign country) Burgio Italy	12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Antonino Miceli		13b. MOTHER'S MAIDEN NAME Rosaria Piazza		14. NAME OF HUSBAND OR WIFE Margherita	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Anthony J Miceli		
		(If yes, give war or dates of service)	ADDRESS 1150 N Kingshiway		
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) Rupture of Aorta: Coronary thromb.?			INTERVAL BETWEEN ONSET AND DEATH 2 Hours
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive C.V.R. Disease			
		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 <input 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 442X			
22. I hereby certify that I attended the deceased from July, 1949, to Jan 22, 1953, that I last saw the deceased alive on Jan 22, 1953, and that death occurred at 2:30 p.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Vincent J. Lo Piccolo MD			23b. ADDRESS 1931 Marconi		23c. DATE SIGNED 1/23/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 26 53	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo		
DATE REC'D BY LOCAL REG. JAN 29 1953	REGISTRAR'S SIGNATURE J. Carl Smith, MD		25. FUNERAL DIRECTOR'S SIGNATURE P. Miceli & Sons 1150 N. Kingshiway		

SP. (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: John J. Hawes

Licensed Embalmer No. 4108

P. O. Address St Louis MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.