No. 200
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 28 1953

State File No. 3523

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0116

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis Mo
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) City Hospital #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Mo
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2269
d. STREET ADDRESS (If rural, give location) 26 1308 Howard str 0

3. NAME OF DECEASED (Type or Print)
a. (First) Catherine
b. (Middle)
c. (Last) Monterosso

4. DATE OF DEATH (Month) (Day) (Year) 1- 5-53

5. SEX F 1
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2
8. DATE OF BIRTH Sept 27-79
9. AGE (In years last birthday) 73 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife
10b. KIND OF BUSINESS OR INDUSTRY ******
11. BIRTHPLACE (City and State or Foreign Country) Italy 5
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Antone Lucido
13b. MOTHER'S MAIDEN NAME Francas Vitale
14. NAME OF HUSBAND OR WIFE Rosario Monterosso

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ****** (If yes, give war or dates of service) **********
16. SOCIAL SECURITY NO. *********
17. INFORMANT'S SIGNATURE OR NAME Tony Monterosso **ADDRESS** 1308 Howard Str

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fr left hip; Arteriosclerosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) suffered when deceased slipped and fell in her home at 1308 Howard Str., on Dec 14

DUE TO (c) 1952 at about 4 00 pm

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 000 Accident
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) House
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 14 52 4 00 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? E9030

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6 45 p.m., from the causes and on the date stated above.* 20

23a. SIGNATURE Patrick E Taylor (Degree or title) Coroner
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 1. 6. 53.

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-8-53
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
24d. LOCATION (City, town, or county) St Louis Mo (State)

DATE REC'D BY LOCAL REG. JAN 6 1953
REGISTRAR'S SIGNATURE J Carl Smith MD
M 93
25. FUNERAL DIRECTOR'S SIGNATURE Centrall Funeral Home **ADDRESS** 1841 Cass a

(Licensed Embalmer's Statement on Reverse Side)

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 Fred J. Farmer

Licensed Embalmer No. 4788

P. O. Address St. Louis, Mo.

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

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