

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4271**

FILED JAN 30 1953

BIRTH NO.		REG. DIST. NO. <u>317</u>	PRIMARY REG. DIST. NO. <u>500</u>	Registrar's No. <u>0251</u>
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Belnor</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Belnor</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3079 Bellerive Drive</u>		d. STREET ADDRESS (If rural, give location) <u>3079 Bellerive Drive</u>		
3. NAME OF DECEASED (Type or Print) <u>Katherine</u>		a. (First) <u>Devoti</u>		c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 22, 1953</u>		5. SEX <u>F.</u> 6. COLOR OR RACE <u>W.</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		
8. DATE OF BIRTH <u>July 11, 1882</u>		9. AGE (In years) <u>70</u> (If under 1 year: Months Days Hours Min.)		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>August Rosasco</u>		
13b. MOTHER'S MAIDEN NAME <u>Serafina Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph Devoti</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Joseph Devoti</u>
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) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u>Stenosis, Atherosclerosis</u> 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 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) <u>4201</u>
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?
22. I hereby certify that I attended the deceased from <u>1/6</u> , 19 <u>52</u> , to <u>1/22</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1/22</u> , 19 <u>53</u> , and that death occurred at <u>11:49P</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>Dr. J. V. Salerno</u>		23b. ADDRESS <u>7320 St. Bernard Rd.</u>		23c. DATE SIGNED <u>1/23/53</u>
24a. BURIAL: CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 26, 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Galvary Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. T. Arthur J. Donnelly</u>		
DATE REC'D BY LOCAL REG. <u>1-23-53</u>		REGISTRAR'S SIGNATURE <u>Heckert R. Dumbo</u>		ADDRESS <u>3840 Lindell</u>

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

