

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**7831**

State File No. \_\_\_\_\_

Registrar's No. **1414**

**FILED FEB 26 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

**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) c. LENGTH OF STAY (In this place)  
**ST. LOUIS** \_\_\_\_\_  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS** **2139**

d. FULL NAME OF HOSPITAL OR INSTITUTION **2011 Edwards St** e. STREET ADDRESS (If rural give location)  
**13 5851 Daggett Ave**

**3. NAME OF DECEASED**  
a. (First) **VENERA** b. (Middle) **PARISI** c. (Last) \_\_\_\_\_  
4. DATE OF DEATH (Month) (Day) (Year)  
**Feb 5 1953**

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **widowed** 8. DATE OF BIRTH **Nov. 6, 1877** 9. AGE (Years) (Months) (Days) (Hours) (Mins.)  
**75**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) **housewife** 10b. KIND OF BUSINESS OR INDUSTRY **none** 11. BIRTHPLACE (City and State or Foreign Country) **Italy** 12. CITIZEN OF WHAT COUNTRY? **No**

13a. FATHER'S NAME **Joe Schano** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Alfio Parisi**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **no** 17. INFORMANT'S SIGNATURE OR NAME **Joe Parisi** ADDRESS **2011 Edwards**

**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.  
**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)** **Cerebral apoplexy**  
**ANTECEDENT CAUSES**  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **Genetic Arterio. Sclerotic Heart D**  
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**  
**1 Wk**

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **4200**

22. I hereby certify that I attended the deceased from **Jan 21, 1953**, to **Feb 5, 1953**, that I last saw the deceased alive on **19**, and that death occurred at **6 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Suwend J. Lo Piccolo MD** (Degree or title) 23b. ADDRESS **1931 Marconi** 23c. DATE SIGNED **2-5-53**

24a. BURIAL CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Feb. 7 1953** 24c. NAME OF CEMETERY OR CREMATORY **St Peter & Paul** 24d. LOCATION (City, town, or county) (State) **St. Louis Mo**

DATE REC'D BY LOCAL REGISTRY **FEB 6 1953** REGISTRAR'S SIGNATURE **J. Earl Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE **Paul C. Calcutt** ADDRESS **5142 Daggett**

(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 Paul C. Calcutt

Licensed Embalmer No. 2376

P. O. Address 5142 Duggitt

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.