

STANDARD CERTIFICATE OF DEATH

FILED FEB 26 1953

State File No. **7899**
 Registrar's No. **1687**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 7899		Registrar's No. 1687	
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) ST. LOUIS			c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 2139				
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. JOHN HOSPITAL					d. STREET ADDRESS (If rural, give location) 5252 BOTANICAL 13				
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) _____		c. (Last) RUGGERI		4. DATE OF DEATH (Month) (Day) (Year) Feb. 10 1953			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Aug. 24 1881		9. AGE (In years last birthday) 71		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) labour		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) ITALY			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Joseph Ruggeri			13b. MOTHER'S MAIDEN NAME Rachael Ceriotti			14. NAME OF HUSBAND OR WIFE Theresa Ruggeri			
15. WAS DECEASED EVER IN ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 489-01-8101		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Theresa Ruggeri 5252 Botanical					
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction						INTERVAL BETWEEN ONSET AND DEATH 4 1/2 hrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary artery disease						3 yrs	
		DUE TO (c) Hypertensive C-V disease						10 yrs	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Chronic gouty arthritis							
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? 4201					
22. I hereby certify that I attended the deceased from Jan. 7, 1953 , to Feb. 10, 1953 , that I last saw the deceased alive on Feb. 10, 1953 , and that death occurred at 6:30 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Charles Montani MD				23b. ADDRESS 5147 Daggett			23c. DATE SIGNED 2-12-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 14, 1953		24c. NAME OF CEMETERY OR CREMATORY Resurrection		24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo.			
DATE REC'D BY LOCAL FEB 13 1953		REGISTRAR'S SIGNATURE Paul C. Calcutt MD			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul C. Calcutt 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. Calcaterra

Licensed Embalmer No. 2376

P. O. Address 5147 August

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.