

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7971

FILED FEB 26 1953

State File No.

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

Registrar's No. 1623

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	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1829a N. Market St.</u>		d. STREET ADDRESS (If rural, give location) <u>1829 a No. Market</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Vincenzo</u> b. (Middle) <u>Spravale</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 9, 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 8, 1875</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>77</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Termini Italy</u>		12. CITIZEN OF WHAT COUNTRY? <u>Italy</u>	
13a. FATHER'S NAME <u>Antonino Spavale</u>		13b. MOTHER'S MAIDEN NAME <u>Antonia Renella</u>	
14. NAME OF HUSBAND OR WIFE <u>Augustina Spavale</u>		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 ADDRESS <u>Augustina Spavale 1829 No. Market</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>TERMINAL BRONCHO PNEUMONIA</u> ANTECEDENT CAUSES <u>GENERALIZED ARTERIOSCLEROSIS</u> <u>CEREBRAL ARTERIOSCLEROSIS</u> <u>DIABETES</u> DUE TO (b) DUE TO (c) <u>DECUBITUS ULCERS</u>	
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? <u>334X</u>		22. I hereby certify that I attended the deceased from <u>Nov. 1950</u> , to <u>FEB 9, 1953</u> that I last saw the deceased alive on <u>FEB 9, 1953</u> and that death occurred at <u>10 A. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Robert A. Mayer M.D.</u>		23b. ADDRESS <u>505 HUMBOLDT BLDG</u>	
23c. DATE SIGNED <u>FEB 11, 1953</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Feb. 12, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>P. Miceli 1150 No. Kingshighway</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>FEB 11 1953</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>P. Miceli 1150 No. Kingshighway</u>	

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address St. Louis Mo.

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.