

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8031

State File No. ....

FILED FEB 26 1953

318

1003

Registrar's No. .... 1624

1. PLACE OF DEATH a. COUNTY <p align="center"><del>St. Louis</del></p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p align="center">Missouri</p>		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <p align="center">St. Louis</p>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <p align="center">St. Louis</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">Faith Hospital</p>		d. STREET ADDRESS <p align="center">1411 O'Fallon</p>			
3. NAME OF DECEASED (Type or Print)		a. (First) <p align="center">Sarah</p>	b. (Middle) <p align="center">Ventimiglia</p>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <p align="center">Feb. 9- 1953</p>
5. SEX <p align="center">Female</p>	6. COLOR OR RACE <p align="center">White</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">Married</p>	8. DATE OF BIRTH <p align="center">Feb. 14 1908</p>	9. AGE (In years last birthday) <p align="center">44</p>	IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <p align="center">Garment worker</p>		10b. KIND OF BUSINESS OR INDUSTRY <p align="center">Clothing Industry</p>		11. BIRTHPLACE (State or foreign country) <p align="center">St. Louis, Missouri</p>	
12. CITIZEN OF WHAT COUNTRY <p align="center">USA</p>		13a. FATHER'S NAME <p align="center">Giuseppe Arrigo</p>		13b. MOTHER'S MAIDEN NAME <p align="center">Anna Graziano</p>	
14. NAME OF HUSBAND OR WIFE <p align="center">John Ventimiglia</p>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <p align="center">John Ventimiglia</p>		ADDRESS <p align="center">1411 O'Fallon</p>			
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>Uremia</u>  ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive Cardiovascular Pathosis</u> <u>Cardiac Decompensation</u> DUE TO (c) <u>Myocardial Infarction</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocardial Infarction</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <p align="center">St. Louis Missouri</p>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <p align="center">442X</p>	
22. I hereby certify that I attended the deceased from <u>1/10/53</u> , 1953, to <u>2/9/53</u> , 1953, that I last saw the deceased alive on <u>2/9/53</u> , and that death occurred at <u>6:00 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <p align="center">Anthony J. Vitale M.D.</p>		23b. ADDRESS <p align="center">3861 St. Louis Ave</p>		23c. DATE SIGNED <p align="center">2/11/53</p>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center">Burial</p>		24b. DATE <p align="center">Feb. 14-53</p>		24c. NAME OF CEMETERY OR CREMATORY <p align="center">Calvary Cemetery</p>	
24d. LOCATION (City, town, or county) (State) <p align="center">St. Louis, Missouri</p>		25. FUNERAL DIRECTOR'S SIGNATURE <p align="center">M. Miceli &amp; Sons</p>			
DATE REC'D BY LOCAL REG. <p align="center">FEB 11 1953</p>		REGISTRAR'S SIGNATURE <p align="center">C. Smith</p>		ADDRESS <p align="center">1150 N. Kingshighway</p>	

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

(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.....

*Anthony J. Muceli*

Licensed Embalmer No. ....

*4277*

P. O. Address.....

*St. Louis*

**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.