

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8174**

FILED FEB 20 1953

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **454**

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. LENGTH OF STAY (in this place) 2 wks	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Westlston	
		f. STREET ADDRESS (If rural, give location) 6423 Myrtle	

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3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) c. (Last) RUFFINO			4. DATE OF DEATH (Month) (Day) (Year) 2 5 53		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Oct. 21, 1875			9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Mins.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY Unknown		
11. BIRTHPLACE (City and State or Foreign Country) Caprinni Italy			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Giuseppe Ruffino		13b. MOTHER'S MAIDEN NAME Vita Ferranti		14. NAME OF HUSBAND OR WIFE Gloria Ruffino	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gloria Ruffino 6423 Myrtle	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subdural Hematoma		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Old cerebral infarct Old myocardial infarct Arteriosclerosis		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 33IX		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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?	

22. I hereby certify that I attended the deceased from **1-23, 1953** to **2-5, 1953** that I last saw the deceased alive on **2-5, 1953**, and that death occurred at **7:10 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. Melvin C. Kasten M.D.		23b. ADDRESS 6018 Brentwood Clayton		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 7, 1953		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			

DATE REC'D BY LOCAL REG. 2-6-53		REGISTRAR'S SIGNATURE Hester R. Domb - M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS P. Miceli & Sons 150 N. Kingshighway	
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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

J. Wm Bentley

Licensed Embalmer No. 3653

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.