

FILED APR 4 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318

11356
State File No. 1003
Registrar's No. 3091

BIRTH NO. 1		REG. DIST. NO.		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3091			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis				c. LENGTH OF STAY (In this place) 46 yrs		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2059			
d. FULL NAME OF HOSPITAL OR INSTITUTION 5962 Plymouth Ave				d. STREET ADDRESS (If rural, give location) 5 5962 Plymouth Ave					
3. NAME OF DECEASED (Type or Print) a. (First) SADIE			b. (Middle)		c. (Last) CARAFIOL		4. DATE OF DEATH (Month) (Day) (Year) 3 20 53		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH (unk)		9. AGE (In years last birthday) Months Days Hours Min. ab 62	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mfrgr			10b. KIND OF BUSINESS OR INDUSTRY Ladies garments			11. BIRTHPLACE (City and State or Foreign Country) Lithuania		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Alex Zellinger			13b. MOTHER'S MAIDEN NAME Annie Shaftz			14. NAME OF HUSBAND OR WIFE Sam Carafiol			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No			16. SOCIAL SECURITY NO. 98-16-9795		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sam Carafiol 5962 Plymouth Ave				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension, Gen arteriosclerosis</u> DUE TO (c) <u>Diabetes nephrosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>acute</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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 446x					
22. I hereby certify that I attended the deceased from <u>3/18</u> , 19 <u>53</u> , to <u>3/20</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>3/18</u> , 19 <u>53</u> , and that death occurred at <u>10:29</u> a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Samuel E. Schechtle M.D.				23b. ADDRESS 634 N. Grand			23c. DATE SIGNED 3/20/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/22/53		24c. NAME OF CEMETERY OR CREMATORY B'Nai Amoona Cem.		24d. LOCATION (City, town, or county) (State) U. City Mo.			
DATE REC'D BY LOCAL REG. MAR 23 1953		REGISTRAR'S SIGNATURE Carl Smith			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson				

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

750
1

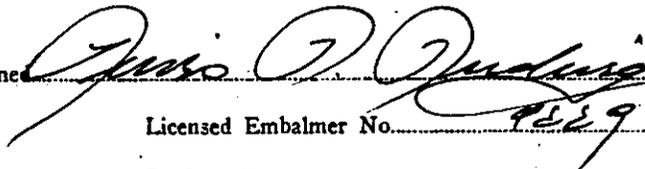
STATEMENT BY LICENSED EMBALMER

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  _____

Licensed Embalmer No. 9229

P. O. Address _____

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.