

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11404

State File No.

FILED MAR 24 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2316

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
c. LENGTH OF STAY (in this place)		2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3964 St. Louis Ave</u>		d. STREET ADDRESS (If rural, give location) <u>3964 St. Louis Ave</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rosa</u> b. (Middle) <u>Cosenza</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 27-1953</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 21, 1880</u>		9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Salerno Italy</u>				12. CITIZEN OF WHAT COUNTRY? <u>5</u>	
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13a. FATHER'S NAME <u>Gaetano Avallone</u>		13b. MOTHER'S MAIDEN NAME <u>Funnaturia Stazione</u>		14. NAME OF HUSBAND OR WIFE <u>Paul Cosenza</u>	
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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. <u>490-01-0200</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Micheal Cosenza</u>		ADDRESS <u>1967 Alfred Ave</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION <u>Decompensation</u>				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<u>Hypertensive Cardiovascular Disease</u>				<u>years</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b)		<u>Arteriosclerosis Generalized</u> <u>years</u>	
				DUE TO (c)		<u>Bronchitis Chronic</u> <u>2 years</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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) <u>St. Louis 7th Missouri</u>	
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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? <u>501X</u>	
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22. I hereby certify that I attended the deceased from 3/9/50, to 2/27/53, that I last saw the deceased alive on 2/27/53, and that death occurred at 2:58 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Anthony J. Vatalone MD</u>		23b. ADDRESS <u>3861 St. Louis Ave</u>		23c. DATE SIGNED <u>2/28/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 2-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>MAR 2 1953</u>		REGISTRAR'S SIGNATURE <u>J. Charles Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>P. Miceli & Sons</u>		ADDRESS <u>1150 N. Kingshighway</u>	
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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 *Anthony M. Miodini*

Licensed Embalmer No. *42 877*

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.