

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 23 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3883**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4048 Cleveland Ave.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2179	
d. STREET ADDRESS 4048 Cleveland Ave.		d. STREET ADDRESS (If rural, give location) 4048 Cleveland Ave. 0	
3. NAME OF DECEASED (Type or Print) MARGARET		a. (First) M.	b. (Middle) CAMUZZI
c. (Last)		4. DATE OF DEATH Apr. 11 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 30, 1887
9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 0
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME James O'Hanlon		13b. MOTHER'S MAIDEN NAME Mary Flynn	
14. NAME OF HUSBAND OR WIFE Claude Camuzzi		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.		17. INFORMANT'S SIGNATURE OR NAME Claude Camuzzi	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive left cerebral haemorrhage INTERVAL BETWEEN ONSET AND DEATH about 12 hours ANTECEDENT CAUSES DUE TO (b) Hypertension. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) 19. 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 None.	
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? 331X		22. I hereby certify that I attended the deceased from 10-20-1919 to death, 19 53 , that I last saw the deceased alive on 4-11-53 and that death occurred at 10:00P. m., from the causes and on the date stated above.	
23a. SIGNATURE EMILIE A. Clancy		23b. ADDRESS 429 University Club Bldg., 607 N. Grand Blvd., St. Louis, Mo.	
23c. DATE SIGNED 4-12-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Apr. 15, 1953		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser	
DATE REC'D BY LOCAL REG. APR 14 1953		25. FUNERAL DIRECTOR'S SIGNATURE 4228 S. Kingshighway Bl.	

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

[Handwritten Signature]
[Handwritten Signature]
(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 William B. White

Licensed Embalmer No. 4281

P. O. Address 4220 S. Kings Highway

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.