

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16060**
Registrar's No. **3794**

FILED APR 23 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

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) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5370 Odell Ave.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2139	
3. NAME OF DECEASED (Type or Print) LOUISA		d. STREET ADDRESS (If rural, give location) 13 5370 Odell Ave.	
a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Apr. 8 1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2	8. DATE OF BIRTH Jan. 18, 1882
9. AGE (In years last birthday) 71		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) Genoa, Italy 5
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? Italy	
13a. FATHER'S NAME Frank Garretto		13b. MOTHER'S MAIDEN NAME Frances Unknown	
14. NAME OF HUSBAND OR WIFE Late Joseph Negro		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 Irene Negro	
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.		17. ADDRESS 5370 Odell Ave.	
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis Heart Disease		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malnutrition			
DUE TO (c)			
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"/>			
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR		4200	
22. I hereby certify that I attended the deceased from Aug 1951 , to April 8, 1953 , that I last saw the deceased alive on April 5, 1953 , and that death occurred at 7:20 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) C. A. Culver M.D.		23b. ADDRESS 2705 Clifton	
23c. DATE SIGNED 10 April 1953			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 11, 1953	
24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. APR 10 1953		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser	
REGISTRAR'S SIGNATURE J. Carl Smith M.D.		ADDRESS 4228 S. Kingshighway B1	

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 *Edwin M. Bennett*.....

Licensed Embalmer No. *3024*.....

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.