

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19262  
4922

FILED JUN 1-1953  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2139	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital		e. STREET ADDRESS (If rural, give location) 13 2200 January Avenue.	
3. NAME OF DECEASED (Type or Print) a. (First) Paul b. (Middle) Carnaghi c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) May 14, 1953	
5. SEX Male <i>D</i>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married <input checked="" type="checkbox"/>	8. DATE OF BIRTH Jan 10 1903
9. AGE (In years last birthday) 50	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Brick Products	11. BIRTHPLACE (City and State or Foreign Country) Italy <i>S</i>
12. CITIZEN OF WHAT COUNTRY? U.S.A.	13a. FATHER'S NAME Joseph Carnaghi	13b. MOTHER'S MAIDEN NAME Giovannina Ranciglia	14. NAME OF HUSBAND OR WIFE None
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. Nil	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph Pessina, 5629 Columbia 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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage caused by stab wound of right ventricle.		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Stabbed when stabbed with knife in hands of assailant.		
19a. DATE OF OPERATION about May 14 1953		19b. MAJOR FINDINGS OF OPERATION Impact true unknown homicide	
20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	21. HOW DID INJURY OCCUR? E982X		
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) (near) street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 14 53 ?	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Patrick Taylor Coroner	23b. ADDRESS 31300 Clark	23c. DATE SIGNED 5/15/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-18-53	24c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		
DATE REC'D BY LOCAL REG. MAY 15 1953	REGISTRAR'S SIGNATURE Paul C. Calcaterra	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul C. Calcaterra 5140 Daggett St.

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

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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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.  
If this body is not embalmed, fact should be so stated above.