

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19954

State File No.

FILED JUN 1 - 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4821

| | | | | | | | |
|---|--|--|--|---|------------------------------------|---|----------------------|
| 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 township) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) | | 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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri Baptist Hospital | | | | STREET ADDRESS (If rural, give location) 2607 Brannon | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Louis | | b. (Middle) | | c. (Last) Tacchi | | 4. DATE OF DEATH (Month) (Day) (Year) May 10, 1953 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Jan. 11, 1888 | | 9. AGE (In years last birthday) 65 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Molder | 10b. KIND OF BUSINESS OR INDUSTRY Stove Co. | | 11. BIRTHPLACE (City and State or Foreign Country) Italy 5 | | 12. CITIZEN OF WHAT COUNTRY? U.S. | | |
| 13a. FATHER'S NAME Angelo Tacchi | | 13b. MOTHER'S MAIDEN NAME Josephine Unknown | | 14. NAME OF HUSBAND OR WIFE Marie | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | (If yes, give year or dates of service) WW I | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louis Tacchi, 2607 Brannon | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | MEDICAL CERTIFICATION | | | | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Esophagus | INTERVAL BETWEEN ONSET AND DEATH 11 mo | | | | | | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | DUE TO (b) Left lobar pneumonia | 4 day | | | | 4 day |
| | | DUE TO (c) Medication's acute | | | | | 4 day |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |
| 19a. DATE OF OPERATION May 4th 1953 | 19b. MAJOR FINDINGS OF OPERATION for advanced cancer Esophagus | | | | | | |
| 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) | | 21d. (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 150X | | | | | |
| 22. I hereby certify that I attended the deceased from April 10, 1953, to May 4, 1953, that I last saw the deceased alive on May 3, 1953, and that death occurred at 6 A. m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Dr. J. Verda M. D. | | | 23b. ADDRESS 4500 Olive St. | | 23c. DATE SIGNED 5-11-53 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 5-13-53 | 24c. NAME OF CEMETERY OR CREMATORY Resurrection | 24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo. | | | | |
| DATE REC'D BY LOCAL REG. MAY 12 1953 | REGISTRAR'S SIGNATURE J. Carl Smith M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul C. Calcaterra, 5140 Daggett Ave. | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Robert M. Murray*

Licensed Embalmer No. *3749*

P. O. Address *St. Louis,*

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.