S. No. 300
Rev. 10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22532

State File No. .....

FILED JUN 16 1953

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 58

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

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Waynesville
c. LENGTH OF STAY (in this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Waynesville Gen Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: St Clair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): E. St Louis
d. STREET ADDRESS (If rural, give location): 431 Columbia Place

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3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle):
c. (Last): Stefani

4. DATE OF DEATH (Month) (Day) (Year): June 4 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Unknown
9. AGE (In years last birthday): 39 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffer
10b. KIND OF BUSINESS OR INDUSTRY: Taxi Driver
11. BIRTHPLACE (State or foreign country): Livingston Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Natalie Stefani
13b. MOTHER'S MAIDEN NAME: Anna Segansrito
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: 495 18 7674
17. INFORMANT'S SIGNATURE OR NAME: Mr Rossio — ADDRESS: Chicago Illinois

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Ruptured Spleen — 4 days
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: 6-4-53
19b. MAJOR FINDINGS OF OPERATION: Massive abdominal hemorrhage Crushed spleen
20. AUTOPSY? YES [✓] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): on Highway 66
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Waynesville, Mo Pulaski
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6-1-53 4:45 a.m.
21e. INJURY OCCURRED WHILE AT WORK [✓] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: One car accident

22. *I hereby certify that I attended the deceased from* 6-1-, 1953, *to* 6-4-, 1953, *that I last saw the deceased alive on* 6-4-, 1953, *and that death occurred at* 6:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. Miller, MD.
23b. ADDRESS: Waynesville, Mo.
23c. DATE SIGNED: 6-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: June 7 53
24c. NAME OF CEMETERY OR CREMATORY: Mt Hope Cemetery
24d. LOCATION (City, town, or county) (State): Belleville, Illinois

DATE REC'D BY LOCAL REG.: 6-8-53
REGISTRAR'S SIGNATURE: Eula Joyce Anderson
25. FUNERAL DIRECTOR'S SIGNATURE: Walter P Hedges — ADDRESS: Iberia Missouri

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 6-8-53
State County Health Officer
File Number
Date Filed 6-13-53

JAN 16 1962

JAN 8 1962

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Clarence E Moss

Signed.....
Student Embalmer

Licensed Embalmer No. 4896

P. O. Address Waynesville, Missouri

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.