No. 300
10.48

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

FILED JUN 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22774

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5451

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 2014
c. CITY OR TOWN: St. Louis,
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐ 0
e. STREET ADDRESS (If rural, give location): 124 East Stein

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

4. DATE OF DEATH (Month) (Day) (Year): May 31, 1953

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov.15, 1897

9. AGE (In years last birthday): 55 — 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): Machine Operator

10b. KIND OF BUSINESS OR INDUSTRY: Laclede Christy

11. BIRTHPLACE (City and State or Foreign Country): Italy

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Michael Cogo

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Nazarina Cogo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 481-09-2185

17. INFORMANT'S SIGNATURE OR NAME: Nazarina Cogo — **ADDRESS**: 124 E. Stein

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) Uremia secondary to ureteral obstruction — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Recurrent Carcinoma Lymph glands — 6 mos

DUE TO (c) Carcinoma Rectal — 16 mos

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4/16/52

19b. MAJOR FINDINGS OF OPERATION: Cancer rectum

20. AUTOPSY? YES ☐ NO ☑

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 154X

22. *I hereby certify that I attended the deceased from* 4/9, 1952, *to* 5/31, 1953, *that I last saw the deceased alive on* 5/31, 1953, *and that death occurred at* 4:55 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: C. Hachmeyer — (Degree or title): M.D. — **23b. ADDRESS**: 4703 Virginia — **23c. DATE SIGNED**: 6/1/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: June 3, 1953 — **24c. NAME OF CEMETERY OR CREMATORY**: Mt. Olive — **24d. LOCATION** (City, town, or county) (State): Lemay, Mo.

DATE REC'D BY LOCAL REG.: JUN 1 1953 — **REGISTRAR'S SIGNATURE**: J. Carl Smith M.D. — **25. FUNERAL DIRECTOR'S SIGNATURE** / **ADDRESS**: Fendler Und., Co, 7420 Michgan Ave.

MDB (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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. G. Peterson

Licensed Embalmer No. 37

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.