

5. No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23018**
Registrar's No. **5751**

FILED JUN 24 1953

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

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

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 23018		Registrar's No. 5751	
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) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo			6 200	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns. Hospital					d. STREET ADDRESS (If rural, give location) 28 2823 University St 8				
3. NAME OF DECEASED (Type or Print) a. (First) Joseph			b. (Middle) Mangogna		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) 6 9 53		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child		8. DATE OF BIRTH 6-7-53		9. AGE (In years last birthday) 1 12 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Louis, Mo		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Vito Mangogna			13b. MOTHER'S MAIDEN NAME Dolores Schroeder			14. NAME OF HUSBAND OR WIFE Child			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr Vito Mangogna 2823 University St				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Prematurity DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>						INTERVAL BETWEEN ONSET AND DEATH 36 hrs	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____ (STATE) _____		21f. HOW DID INJURY OCCUR? 7625			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 6/7 19 53 , to 6/8 19 53 , that I last saw the deceased alive on 6/8 , 19 53 , and that death occurred at 7:45 a.m., from the causes and on the date stated above.					
23a. SIGNATURE Jackson Eto (Degree or title) _____			23b. ADDRESS 634 N. Grand			23c. DATE SIGNED 6/9/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-10-53		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
DATE REC'D BY LOCAL REG. JUN 10 1953		REGISTRAR'S SIGNATURE J. C. Smith			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodhart-Goodhart 2228 St. Louis, Av				

(Licensed Embalmer's Statement on Reverse Side)

(Not Embalmed)

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, **Goodhart-Goodhart**
per *Wm. W. Mansuk*
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 this body is not embalmed, fact should be so stated above.