

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26854

State File No. ....

6789

Registrar's No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE \_\_\_\_\_ No. \_\_\_\_\_ b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) Life  
c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION 2322 Russell Blvd. e. STREET ADDRESS (If rural, give location) 2322 Russell Blvd.

3. NAME OF DECEASED a. (First) Michael b. (Middle) \_\_\_\_\_ c. (Last) Scalise 4. DATE OF DEATH (Month) (Day) (Year) July 8, 1953

5. SEX M. 6. COLOR OR RACE W. 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M. 8. DATE OF BIRTH Dec. 7, 1899 9. AGE (in years last birthday) 53 IF UNDER 1 YEAR 7 Months 1 Day IF UNDER 24 HRS. 1 Hour 0 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) News Dealer 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Salvatora Scalise 13b. MOTHER'S MAIDEN NAME Rosa Brazadue 14. NAME OF HUSBAND OR WIFE Mrs. Mary Scalise

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. not known 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary Scalise, 2322 Russell Blvd.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Acute Coronary Occlusion  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES Arterio sclerotic heart dis  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) \_\_\_\_\_  
DUE TO Sub. pneumonectomy for bronchiogenic carcinoma of left lung  
II. OTHER SIGNIFICANT CONDITIONS Carcinoma of left lung  
Conditions contributing to the death but not related to the disease or condition causing death.  
INTERVAL BETWEEN ONSET AND DEATH 26 days  
questionable duration  
5/15/53

19a. DATE OF OPERATION 5-25-53 19b. MAJOR FINDINGS OF OPERATION Bronchiogenic carcinoma of left lung 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 162X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from May, 1947, to 7-8, 1953, that I last saw the deceased alive on 7-8, 1953, and that death occurred at 3 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John J. Hammond M.D. 23b. ADDRESS 634 N. Grand 23c. DATE SIGNED 7/9/53

24a. BURIAL CREMATION REMOVAL (Specify) Burial 24b. DATE July 11, 1953 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. JUL 9 1953 REGISTRAR'S SIGNATURE Carl Smith 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter J. Donnelly 3840 Lindell Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

FILED JUL 31 1953

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 *Francis Melbomson*

Licensed Embalmer No. *3565*

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.