

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30394

State File No. ....

No. 300  
10.48

FILED AUG 31 1953

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003 Registrar's No. 7688

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

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. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Old Faith Hospital		6. STREET ADDRESS (If rural, give location) 1611 Belt Ave	
3. NAME OF DECEASED (Type or Print) a. (First) Vincent		b. (Middle) J. Sanna	
		c. (Last) Sr.	
		4. DATE OF DEATH (Month) (Day) (Year) Aug. 4, 1953	
5. SEX Male <input checked="" type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 28, 1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY Clothing presser	11. BIRTHPLACE (City and State or Foreign Country) Messina Italy
13a. FATHER'S NAME Joseph Sanna		13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Angelina Sanna
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 488-10-9262	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Angelina Sanna 1611 Belt Ave.
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Labar Pneumonia (Right)</u> ANTECEDENT CAUSES <u>Hypertensive cardio-vascular disease</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>H.C.V.D. - A.S.H.D.</u> <u>Arteriosclerotic heart disease</u> DUE TO (c) <u>Senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR? 420.0	
22. I hereby certify that I attended the deceased from <u>June, 1953</u> , to <u>Aug 4, 1953</u> , that I last saw the deceased alive on <u>Aug 4, 1953</u> , and that death occurred at <u>9:00 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Joseph Macozzi MD</u> (Degree or title)		23b. ADDRESS <u>3861 St. Louis Ave. St. Louis, Mo.</u>	
23c. DATE SIGNED <u>8/4/53</u>			
24a. BURIAL (CREMATION) REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 8, 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>AUG 6 1953</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>P. Miceli</u> ADDRESS <u>1150 No. Kingshighway</u>	

(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 embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Philip A. Miceli*.....

Licensed Embalmer No. *44*.....

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.