

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30478

State File No.

7564

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
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 town) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place) 6 Days		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				6. STREET ADDRESS (If rural, give location) 1475a Clara Ave.					
3. NAME OF DECEASED (Type or Print) a. (First) Peter			b. (Middle) Ceccarelli		c. (Last) Tavelli		4. DATE OF DEATH (Month) (Day) (Year) 8 2 53		
5. SEX M.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 25, 1890		9. AGE (In years last birthday) 62	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Repair				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Italy 5		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Ceccarelli Joseph Tavelli			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Mary Tavelli			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) - (If yes, give war or dates of service) No.			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Kenneth Symsack ADDRESS 6149 Louisiana 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Conjestive heart failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c) Diabetes mellitus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 2 wks known 3 years	
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) 420.0					
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? _____					
I hereby certify that I attended the deceased from July 29, 1953 , to August 2, 1953 , that I last saw the deceased alive on August 2, 1953 , and that death occurred at 3:19p.m. , from the causes and on the date stated above.									
22a. SIGNATURE FR Bradley (Degree or title) M. D.				23b. ADDRESS BARNES HOSPITAL			23c. DATE SIGNED 8/3/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 5, 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. AUG 3 1953		REGISTRAR'S SIGNATURE J. Carl Smith			25. FUNERAL DIRECTOR'S SIGNATURE McArthur J. Donnelly ADDRESS 3840 Laddell				

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

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 Williams*.....

Licensed Embalmer No. *356*.....

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.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 30478-53

State of _____ }
County of _____ } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 7564

On this _____ day of _____, 195____, before me appears _____

_____ who, upon _____ oath, states that the original record of birth
for **Pete Ceccarelli** died **8-2-1953** _____, 19____, in the State of
~~DOX~~

Missouri, and which was filed at **Jefferson City, Missouri** on _____, 19____, should be corrected as follows:

Item No. **3** should read **Pete (Ceccarelli) Tavelli**
Instead of **Peter NMN Tavelli**

Item No. **13a** should read **Joseph Ceccarelli**

Instead of **Joseph Tavelli**

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant *Kenneth L. Sporeck* Inf.

6149 Louisiana

Relationship.

Present Address.

Subscribed and sworn to before me this **8** day of **Feb**, 195**6**

My Commission expires **3-14-57** *ella E. Oaddox* Notary Public.

3. A surname is changed by court order or by adoption or legitimization procedures.

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