

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37673

FILED NOV 6 - 1953

1003

Registrar's No. 10072

BIRTH NO. _____		REG. DIST. NO. <u>518</u>		PRIMARY REG. DIST. NO. _____		Registrar's No. <u>10072</u>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS, MISSOURI</u>		c. LENGTH OF STAY (in this place) <u>3 wks</u>		c. CITY OR TOWN <u>St. Louis Mo</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>8543 St. Charles Rock Road</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>FRANK</u>		b. (Middle) <u>C.</u>		c. (Last) <u>VIRALDO</u>	
4. DATE OF DEATH		(Month) (Day) (Year)		<u>10-20-53</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>1-30-1900</u>	
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.		<u>53</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Glazer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Glass Company</u>			11. BIRTHPLACE (City and State or Foreign Country) / <u>Colorado Springs, Colo.</u>	
12. CITIZEN OF WHAT COUNTRY? _____			13a. FATHER'S NAME ---			13b. MOTHER'S MAIDEN NAME <u>Louise</u>	
14. NAME OF HUSBAND OR WIFE <u>Emma Viraldo</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>493-03-2126</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Sylvia Rost</u>			ADDRESS <u>4403 Pennsylvania</u>				
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* <u>CARCINOMA OF THE STOMACH WITH EXTENSIVE METASTASIS TO LIVER AND LYMPH NODES.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>9 weeks</u>	
		ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS <u>PERFORATION OF CARCINOMA WITH PERITONITIS.</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			
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 <u>15IX</u>			
22. I hereby certify that I attended the deceased from <u>9-28-</u> , <u>1953</u> , to <u>10-20</u> , <u>1953</u> , that I last saw the deceased alive on <u>10-20-</u> , <u>1953</u> , and that death occurred at <u>1:55 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>F. B. Bradley</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>BARNES HOSPITAL</u>		23c. DATE SIGNED <u>10/21/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/23/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county), (State) <u>St. Louis Missouri</u>	
DATE REC'D BY LOCAL REG. <u>OCT 22 1953</u>		REGISTRAR'S SIGNATURE <u>Earl Smith Md</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Drehmann-Harral 1905 Union Blvd.</u>			

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 *Warren A. Carver*.....

Licensed Embalmer No. *353*.....

P. O. Address

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