

FILED NOV 27 1953

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 40276

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10909

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>St. Louis</u> |  | c. LENGTH OF STAY (In this place)<br><u>49yrs</u>                                     | a. STATE <u>Missouri</u><br>b. COUNTY  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>In Ambulance to Jewish Hospital</u>                   |  | c. CITY OR TOWN<br><u>St. Louis</u>   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
|   |  | STREET ADDRESS (If rural, give location)<br><u>5607 Theodosia Ave.</u>                |  |

|  |  |             |           |  |
|--|--|-------------|-----------|--|
| 3. NAME OF DECEASED<br>(Type or Print) | a. (First)<br><u>Vincenzo James Castelli</u> | b. (Middle) | c. (Last) | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Nov. 15, 1953</u> |
|--|--|-------------|-----------|--|

|                       |                                  |  |  |  |  |  |
|-----------------------|----------------------------------|--|--|--|--|--|
| 5. SEX<br><u>Male</u> | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u> | 8. DATE OF BIRTH<br><u>June 11, 1885</u> | 9. AGE (In years last birthday)<br><u>68</u> | IF UNDER 1 YEAR<br>Months <u>5</u> Days <u>4</u> | IF UNDER 24 HRS.<br>Hours <u></u> Min. <u></u> |
|-----------------------|----------------------------------|--|--|--|--|--|

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|---|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Retired</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Fruit &amp; Produce</u> | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Italy</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>Italy</u> |
|---|---|--|--|

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|---|--|---|
| 13a. FATHER'S NAME<br><u>Anthony Castelli</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Ignazia Forerara</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Vitina Pusateri</u> |
|---|--|---|

|  |                         |  |                                  |
|--|-------------------------|--|----------------------------------|
| 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<br><u>Zena Belli</u> | ADDRESS<br><u>5607 Theodosia</u> |
|--|-------------------------|--|----------------------------------|

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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)   |  |                                  |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Coronary Thrombosis</u><br>DUE TO (c) |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |  |                                  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>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) (Minute) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?<br><u>4201</u> |
|--|--|---|

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on Nov 15, 1953, from the causes and on the date stated above.

|   |                   |                                   |                                     |
|---|-------------------|-----------------------------------|-------------------------------------|
| 23a. SIGNATURE<br><u>Patricia Taylor, Coroner</u> | (Degree or title) | 23b. ADDRESS<br><u>1300 Clark</u> | 23c. DATE SIGNED<br><u>11.17.53</u> |
|---|-------------------|-----------------------------------|-------------------------------------|

|  |                                 |   |   |
|--|---------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 24b. DATE<br><u>Nov. 18, 53</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Calvary Cemetery</u> | 24d. LOCATION (City, town, or county) (State)<br><u>St. Louis, Missouri</u> |
|--|---------------------------------|---|---|

|  |  |   |                                    |
|--|--|---|------------------------------------|
| DATE REC'D BY LOCAL REG.<br><u>NOV 17 1953</u> | REGISTRAR'S SIGNATURE<br><u>Carl Smith</u> | FUNERAL DIRECTOR'S SIGNATURE<br><u>W. B. Bensch</u> | ADDRESS<br><u>1431 Union Blvd.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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.....

*Paul A. Wachten*

Licensed Embalmer No. *4787*

P. O. Address *St. Louis, Mo.*

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.