

FILED NOV 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40356

State File No.

10695

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 2209	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	c. LENGTH OF STAY (in this place) 50 YRS.	c. CITY OR TOWN ST. LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION CHRISTIAN HOSPITAL		e. STREET ADDRESS (If rural, give location) 20 4016 GLASGOW AVE	

3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) FRANCISCO c. (Last) DI PAOLO	DATE OF DEATH NOV. 9, 1953
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5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APR. 14, 1876	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FOREMAN	10b. KIND OF BUSINESS OR INDUSTRY WASHE DE GAS CO	11. BIRTHPLACE ENTRODASQUA ROME ITALY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME VITO DI PAOLO	13b. MOTHER'S MAIDEN NAME ANGELA VONTA Volpa	14. NAME OF HUSBAND OR WIFE DI PAOLO MAHALA DE PAULI
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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. 492-03-6732	17. INFORMANT'S SIGNATURE OR NAME Mrs Mahala De Pauli	ADDRESS 4016 Glasgow Ave
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Obstruction Coronary blood vessel, Cause unknown.		INTERNAL BETWEEN ONSET AND DEATH One Month
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardio-vascular - renal disease		5 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? 586X
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22. I hereby certify that I attended the deceased from **Oct 20, 1953**, to **Nov. 9, 1953**, that I last saw the deceased alive on **Nov 9, 1953**, and that death occurred at **11:40 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. J. Smith M.D.	23b. ADDRESS 4222 N. Grand	23c. DATE SIGNED 11-10-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11/12/53	24c. NAME OF CEMETERY OR CREMATORY GALVARY CEM	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO
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DATE REC'D BY LOCAL REG. NOV 10 1953	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE W. O. Schudmeyer & Son	ADDRESS 2924 7th St
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(Licensed Embalmer's Statement on Reverse Side)

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

Can. by of
109-10-53
109-10-53

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..... *Gustav W. Dietrich*

Licensed Embalmer No. *4321*

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.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 405 2633

State of _____ }
County of _____ } ss.)

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 10695

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

_____, who, upon _____ oath, states that the original record of birth death
for Frank DePauli died 11-9-1953 ~~XXXX~~, 19____, in the State of

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

Item No. 11 should read Introdacqua
Instead of _____ Rome

Item No. 3 should read Francisco DiPaolo

Item No. 13a should read Vito DiPaolo Father

Item No. 13b should read Ancela Volpa mother

Item No. 14 should read MAHALA DI PAOLO

Item No. _____ should read _____

Item No. _____ should read _____

Item No. _____ should read _____

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

(SEAL)

x Affiant Mahala Di Paolo Inf
4016 Glasgow Ave. Wife
Present Address. Relationship.

Subscribed and sworn to before me this 25 day of June, 1954

My Commission expires 3-4-57 _____ Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

11-11-54

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