No. 300
10-48

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

FILED JAN 5 - 1954

# STANDARD CERTIFICATE OF DEATH

State File No. 44148

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11933

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4503 Gibson Ave.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 4503 Gibson Ave.

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**3. NAME OF DECEASED** (Type or Print): a. (First) ANGELO b. (Middle) WILLIAM c. (Last) DAIRAGHI

**4. DATE OF DEATH** (Month) 12 (Day) 18 (Year) 1953

**5. SEX** Male **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married **8. DATE OF BIRTH** Jan. 27-1887 **9. AGE** (In years last birthday) 66 If under 1 year: Months 10 Days 21 If under 24 hrs.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Laborer
**10b. KIND OF BUSINESS OR INDUSTRY**: Calvary Cemetery
**11. BIRTHPLACE** (State or foreign country): Milan Italy
**12. CITIZEN OF WHAT COUNTRY?** USA

**13a. FATHER'S NAME**: ? Dairaghi
**13b. MOTHER'S MAIDEN NAME**: ?
**14. NAME OF HUSBAND OR WIFE**: Lena Pershall

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.** 497-01-1193
**17. INFORMANT'S SIGNATURE OR NAME** Louis R. Dairaghi **ADDRESS** 4503 Gibson 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Glomerulo Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 4 Mos

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis — 2
DUE TO (c) Hypertension — 4 mos

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Myocardial Disease — 4 mos.

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☒

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?** 593X

*22. I hereby certify that I attended the deceased from* 9/9/53, *19*___, *to* 12/18/53, *19*___, *that I last saw the deceased alive on* 12/18/53, *19*___, *and that death occurred at* 2.30A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** B. B. Summers **(Degree or title)** M.D. **23b. ADDRESS** 1116 McCausland Ave. **23c. DATE SIGNED** 12/18/53

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Removal **24b. DATE** 12/19/53 **24c. NAME OF CEMETERY OR CREMATORY** Resurrection Cemetery **24d. LOCATION** (City, town, or county) St. Louis County **(State)** Missouri

**DATE REC'D BY LOCAL REG.** DEC 18 1953 **REGISTRAR'S SIGNATURE** J. Carl Smith M.D.

**25. FUNERAL DIRECTOR'S SIGNATURE** **ADDRESS** Ambruster Mortuary 6633 Clayton Road

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Ernest W. Spillar

Signed.....
Student Embalmer

Licensed Embalmer No. 14080

P. O. Address.....

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.