

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 17 1953

State File No. 44440  
Registrar's No. 11780

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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 township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4928 Genevieve Ave.		e. STREET ADDRESS (If rural, give location) 4928 Genevieve Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Pietro b. (Middle) c. (Last) Re		4. DATE OF DEATH (Month) (Day) (Year) Dec. 12 1953	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Not married	8. DATE OF BIRTH Oct. 20 1889
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) waiter		10b. KIND OF BUSINESS OR INDUSTRY Restaurant	11. BIRTHPLACE (City and State or Foreign Country) Italy
12. CITIZEN OF WHAT COUNTRY? yes		13a. FATHER'S NAME Frank Re	
13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE	
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. 492-10-5382	
17. INFORMANT'S SIGNATURE OR NAME Gussie Fontana		ADDRESS 4928 Genevieve	
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) Carcinoma (Adeno) of Chest ANTECEDENT CAUSES Involving Bronchitis and Emphysema. DUE TO (b) confirmed by Biopsy DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Complete closure of Emphysema and Bronchitis.	
INTERVAL BETWEEN ONSET AND DEATH 1 Year		1 Month	
19a. DATE OF OPERATION 11-1953		19b. MAJOR FINDINGS OF OPERATION Gastrostomy (Witzel Type).	
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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) m. 150 X	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Natural cause.	
22. I hereby certify that I attended the deceased from March 17, 1953, to Dec 12, 1953 that I last saw the deceased alive on Dec 12, 1953 and that death occurred at 11:30 AM from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) Scott Heuer, M.D.		23b. ADDRESS 634 N. Grand St. Louis Mo.	
23c. DATE SIGNED 12-14-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/15/53	
24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. DEC 14 1953		REGISTRAR'S SIGNATURE J. Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Sullivan's		ADDRESS 2849 N. Euclid Ave.	

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

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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..... *Albert Mayfield*

Licensed Embalmer No. *3077*

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.