

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6925**  
Registrar's No. **1996**

FILED MAR 8 1954

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 <b>Missouri</b> b. COUNTY	
d. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis Missouri</b>		c. CITY OR TOWN <b>St. Louis</b>	4. 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 <b>St. Louis City Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>5548 Shaw Ave.</b>	
3. NAME OF DECEASED (Type or Print) <b>Angele</b>		b. (Middle) <b>Viscardi</b>	c. (Last) <b>Viscardi</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>March 1, 1954</b>	5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>
8. DATE OF BIRTH <b>2-10-13</b>	9. AGE (In years last birthday) <b>41</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 14 RES.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Patrolman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Police Dept.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>Amabili Viscardi</b>	13b. MOTHER'S MAIDEN NAME <b>Virginia Mapelli</b>
14. NAME OF HUSBAND OR WIFE <b>Margaret</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>490-01-4954</b>
17. INFORMANT'S SIGNATURE OR NAME <b>Margaret Viscardi, 5548 Shaw Ave.</b>		ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hemorrhage from Esophageal Varices</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>cirrhosis (Laennec's)</b> DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19. DATE OF OPERATION	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	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) (Min.)
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>5811</b>		
22. I hereby certify that I attended the deceased from <b>2-28-54</b> , 19 <b>54</b> , to <b>3-1-54</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>3-1-54</b> , 19 <b>54</b> , and that death occurred at <b>3:40A</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>R. Mapelli M.D.</b>		(Degree or title)	23b. ADDRESS <b>1515 Lafayette</b>
23c. DATE SIGNED <b>3-1-54</b>		24. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Rem oval</b>	24b. DATE <b>3-4-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>
25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul C. Calcaterra</b>		ADDRESS <b>5140 Daggett Ave.</b>	

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

FILED MAR 3 1954

REGISTRAR'S SIGNATURE  
**J. Earl Smith M.D.**

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 *Robert M. Murray*

Licensed Embalmer No. *3749*

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.