

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**13710**

State File No. ....

**FILED APR 26 1954**      REG. DIST. NO. **318**      PRIMARY REG. DIST. NO. **1003**      Registrar's No. **3347**

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>4271 Washington Ave.</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b>		
a. (First) <b>DAVID</b>	b. (Middle) <b>J.</b>	c. (Last) <b>LAGOMARSINO</b>	(Month) <b>Apr.</b>	(Day) <b>13</b>	(Year) <b>1954</b>
<b>5. SEX.</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>November 24, 1907</b>		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Proprietor-Linoleum Business</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>9. AGE</b> (In years last birthday) <b>46</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>St. Louis, Mo.</b>
<b>13a. FATHER'S NAME</b> <b>Frank Lagomarsino</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Rose Boffet</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Dorothy C. Lagomarsino</b>	

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>Yes</b>	<b>16. SOCIAL SECURITY NO.</b> <b>World War 2</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Dorothy C. Lagomarsino</b>			
		<b>ADDRESS</b> <b>4271 Washington</b>			

<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>  <b>15 yrs</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Coronary disease</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Sclerosis of Coronary Artery &amp; atherosclerosis</b> DUE TO (c) <b>Diabetes &amp; Hypertensive disease</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>022 x</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from June 1939, to 4/9, 1954, that I last saw the deceased alive on 4/9, 1954, and that death occurred at 8:00 P.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>Fred W. Seiber</i>	<b>23b. ADDRESS</b> <b>3201 Washington</b>	<b>23c. DATE SIGNED</b> <b>4/14/54</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	<b>24b. DATE</b> <b>Apr. 19, 1954</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>National Cemetery</b>
<b>24d. LOCATION</b> (City, town, or county) (State) <b>Jefferson Barracks, Mo.</b>		

<b>DATE REC'D BY LOCAL REG.</b> <b>APR 14 1954</b>	<b>REGISTRAR'S SIGNATURE</b> <i>J. C. Smith</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>Kriegshauser</i>	<b>ADDRESS</b> <b>4228 S. Kingshighway Bl.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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 *William B. White*.....

Licensed Embalmer No. *429*

P. O. Address *4228 Highway*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.