

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21392

State File No. ....

318

1003

Registrar's No. 5266

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>5266</b>		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____				
b. CITY OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		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>St. John's Hospital</b>				• STREET ADDRESS (If rural, give location) <b>12 5548 Delmar Blvd. 21290</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Richard</b> b. (Middle) _____ c. (Last) <b>Viola</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 11 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>Dec. 13, 1887</b>		
9. AGE (In years last birthday) <b>66</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 14 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Proprietor</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Ice Cream Store</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Italy</b>		
12. CITIZEN OF WHAT COUNTRY? _____			13a. FATHER'S NAME <b>Enrico Viola</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Fontana</b>		14. NAME OF HUSBAND OR WIFE <b>Agnes Hanick Viola</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>499-12-5129</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Agnes Viola</b> ADDRESS <b>5548 Delmar Blvd.</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Medical Certification</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute Coronary Occlusion</b> INTERVAL BETWEEN ONSET AND DEATH <b>11 days</b> *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteris sclerotic heart dis</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b>		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 type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4200</b>				
22. I hereby certify that I attended the deceased from <b>6-11</b> , 19 <b>54</b> , to <b>6-11</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>6-11</b> , 19 <b>54</b> , and that death occurred at <b>7:30 P.</b> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>John J. Hammond No. A.</b>				23b. ADDRESS <b>634 N. Grand</b>		23c. DATE SIGNED <b>6/12/54</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-14-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>McCullinane Bros.</b>		ADDRESS <b>3320 N. Kingshighway</b>				

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 *Fred Frick*.....

Licensed Embalmer No..... 318

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.