

## STANDARD CERTIFICATE OF DEATH

State File No. **32058**

FILED SEP 22 1954

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BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>Jennings 21.</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>Faith Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>8315 Durvea Pl.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Pietro</b> b. (Middle) <b>Nania</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 21, 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>July 26 1886</b>	
9. AGE (In years last birthday) <b>68</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Greenery store</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Partinico Italy</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>		13a. FATHER'S NAME <b>Francesco Nania</b>		13b. MOTHER'S MAIDEN NAME <b>Giovanna Seragusa</b>		14. NAME OF HUSBAND OR WIFE <b>Josephine Nania</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>496-36-0860</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Josephine Nania 8315 Durvea Pl.</b>			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinomatous Anemia</b> INTERVAL BETWEEN ONSET AND DEATH <b>6 Mos.</b> ANTECEDENT CAUSES DUE TO (b) <b>Carcinoma of Prostate Gland</b> <b>3 1/2 yrs</b> DUE TO (c) <b>Acc of Agonal</b> <b>3 1/2 yrs</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Generalized arteriosclerosis</b> <b>5 yrs.</b>					
19a. DATE OF OPERATION <b>3/2/54</b>		19b. MAJOR FINDINGS OF OPERATION <b>see above</b>				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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>177X</b>			
22. I hereby certify that I attended the deceased from <b>1951</b> , to <b>Aug 21, 1954</b> , that I last saw the deceased alive on <b>Aug 21, 1954</b> , and that death occurred at <b>6:30 P. M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>John J. Smith M.D.</b>				23b. ADDRESS <b>3220 Washington St.</b>		23c. DATE SIGNED <b>8/23/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug. 24, 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 REG. <b>AUG 23 1954</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>P. Miceli 1150 No. Kingshighway</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Elloups H. Renelua*.....

Licensed Embalmer No. *428*.....

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.