

FILED SEP 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32120

State File No.

8328

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Mo.		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Louis,
d. FULL NAME OF HOSPITAL OR INSTITUTION 5312 Magnolia Ave.		STREET ADDRESS (If rural, give location) 13 5312 Magnolia Ave, 2139	
3. NAME OF DECEASED a. (First) Joseph		b. (Middle)	c. (Last) Re
4. DATE OF DEATH (Month) (Day) (Year) Sept. 9, 1954		5. SEX Male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Aug. 10, 1900		9. AGE (In years last birthday) 54	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Const.	
11. BIRTHPLACE (City and State or Foreign Country) Italy		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Re		13b. MOTHER'S MAIDEN NAME Rose Gualdoni	
14. NAME OF HUSBAND OR WIFE Elvige Re.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. 489-01-5556		17. INFORMANT'S SIGNATURE OR NAME Elvige Re.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple carcinoma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary carcinoma of stomach 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		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH 15 mo 2 yrs	
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)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 151X	
22. I hereby certify that I attended the deceased from Aug 15, 1954 , to Sept 9, 1954 , that I last saw the deceased alive on Sept 8, 1954 , and that death occurred at 6:45 a.m. , from the causes and on the date stated above.			
23. SIGNATURE T. Schmalewicz		23b. ADDRESS (Degree or title) M.D. 2026 50 9th St	
23c. DATE SIGNED 9/10/54		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 9-11-54		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, County Mo.		DATE REC'D BY LOCAL REG. SEP 10 1954	
REGISTRAR'S SIGNATURE Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Paul C. Calcaterra	
ADDRESS 218 B		ADDRESS 5140 Daggett Ave.	

WRITE PLAINLY—USING UNFADEING 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 *G. W. Wilkinson*

Licensed Embalmer No. *35*

P. O. Address *M. Low*

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.