

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 22 1954

State File No. **38980**
Registrar's No. **8507**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8507			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis City		c. LENGTH OF STAY (in this place) 5 Years		c. CITY OR TOWN (Normandy) Velda Village		d. Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Famin DeLoze Hospital				e. STREET ADDRESS (If rural, give location) 6412 Myron Avenue, 20					
3. NAME OF DECEASED (Type or Print) a. (First) ROSA			b. (Middle) _____		c. (Last) Lupo		4. DATE OF DEATH (Month) (Day) (Year) Sept. 15 1954		
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W.		8. DATE OF BIRTH Dec. 13th, 1872		9. AGE (in years last birthday) 82 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Italy			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Vito Ventimiglia			13b. MOTHER'S MAIDEN NAME Susanna (Unknown)			14. NAME OF HUSBAND OR WIFE Late Giovanni Lupo			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Salvatore T. Lupo, 6412 Myron Avenue, 20				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Bronchopneumonia bilateral						INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, 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. Hydrothores 200 cc bilateral							
		DUE TO (b) _____							
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 9/17/54							
19a. DATE OF OPERATION 9-14-54		19b. MAJOR FINDINGS OF OPERATION Fresh fracture of intertrocantoric region of lt. femur						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis City MO					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept. 12 1954 2:30		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell off bed		E9020			
22. I hereby certify that I attended the deceased from Sept 12 , 19 54 , to Sept 15 , 19 54 , that I last saw the deceased alive on Sept. 15 , 19 54 , and that death occurred at 6:15P m., from the causes and conditions stated above. 21									
23a. SIGNATURE (Degree or title) Donald O. Burnett				23b. ADDRESS 501 Mo. Theater Bldg			23c. DATE SIGNED 9-16-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/18/54		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri			
DATE REC'D BY LOCAL REG. SEP 17 1954		REGISTRAR'S SIGNATURE Carl Smith			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CALVIN F. FEUTZ, 4828 Natural Bridge Blvd. FUNERAL HOME, INC., St. Louis, 15, Missouri				

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

ORDER FOR HIS OK.
Dr. Donald Burt
No. 347. Grand Street
File in City

Pat Taylor to OK
this certificate

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.....
Rueph C. Linder

Licensed Embalmer No. 427

P. O. Address.....
J. L. Law

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.