

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 22 1954

State File No. **39033**
9978

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(ship)) St. Louis, Mo.		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis,		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Enroute State Hospital.				No. STREET ADDRESS (If rural, give location) 74 5341a Sutherland		2149			
3. NAME OF DECEASED (Type or Print) Charles		a. (First)		b. (Middle) Miriani		c. (Last)			
4. DATE OF DEATH (Month) (Day) (Year) Nov. 1, 1954		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			
8. DATE OF BIRTH Nov. 10, 1897		9. AGE (In years last birthday) 57		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) Laborer Ice Plant		10b. KIND OF BUSINESS OR INDUSTRY State Hospital.		11. BIRTHPLACE (City and State or Foreign Country) Italy		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Enrico Miriani		13b. MOTHER'S MAIDEN NAME Maria, ne (Unknown)		14. NAME OF HUSBAND OR WIFE Angeline Miriani					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No.		16. SOCIAL SECURITY NO. 499-34-5721		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Angeline Miriani, 5341a Sutherland					
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation by drowning, suffered when deceased fell into tank at ice plant at the State Sanitarium, 5400 Arsenal St., on November 1st, 1954 exact time				INTERVAL BETWEEN ONSET AND DEATH _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUCE TO (b) _____ DUCE TO (c) _____							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION untubed		20. ACCIDENT Accident		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Sanitarium		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 1 54 ?		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E9297					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred at 1140a.m. , from the causes and on the date stated above. 42									
23a. SIGNATURE (Degree or title) Patrick J. Taylor Coroner				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 11, 3, 54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-4-54		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. NOV 3 1954		REGISTRAR'S SIGNATURE J. Cash		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul C. Calcatera 5140 Daggett Ave.					

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 J. W. Wilkinson

Licensed Embalmer No. 35

P. O. Address N. Louisiana

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.