

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39457**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 541		Registrar's No. 2511	
1. PLACE OF DEATH a. COUNTY St. Louis				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 township) OR TOWN Clayton		c. LENGTH OF STAY (in this place) 5 wks.		c. CITY OR TOWN St. Louis 11		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 St. Louis County Hospital				STREET ADDRESS (If rural, give location) 932 Dover Pl. 2019			
3. NAME OF DECEASED (Type or Print) a. (First) Josephine b. (Middle) LaFata c. (Last) LaFata			4. DATE OF DEATH (Month) (Day) (Year) Oct. 29 1954				
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH July 29, 1872		9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or Foreign Country) Italy		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Vincent Giannola			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anthony LaFata, 932 Dover Pl.				
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) Congestive Heart Failure ANTECEDENT CAUSES DUE TO (b) Bronchopneumonia DUE TO (c) Inter trochanteric Fracture Left Femur Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 1 Month 7 days 6 wks.
19a. DATE OF OPERATION 9/17/54		19b. MAJOR FINDINGS OF OPERATION Open Reduction & Internal Fixation Left Femur					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, Md., etc.) Fenton Nursing Home		21c. CITY, TOWN, OR TOWNSHIP (County) St. Louis 11			21d. HOW DID INJURY OCCUR? lost balance and slipped by side of bed
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-13-54		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
22. I hereby certify that I attended the deceased from 9-14, 1954 , to 10-29, 1954 , that I last saw the deceased alive on 10-29, 1954 , and that death occurred at 3:45 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE Richard H. Key M.D.				23b. ADDRESS 6015 Brentwood Clayton Mo		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-30-54	24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery		24d. LOCATION (City, town, or county) (State) Lemay, Missouri		
DATE REC'D BY LOCAL OFFICE 10/29/54		REGISTRAR'S SIGNATURE Robert H. Shank		25. FUNERAL DIRECTOR'S SIGNATURE Northrup Funeral Home		ADDRESS 6527 S. Grand.	

(Licensed Embalmer - Signature on Reverse Side)

WRITE PLAINLY—USING UNEADING 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, *David Van Tassan*

Licensed Embalmer No. *4292*

P. O. Address *6327 So. Main*

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.