

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED NOV 22 1954.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2798

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u>	
b. CITY OR TOWN <u>Richmond Hg Mo</u>		c. CITY OR TOWN <u>Rich Hg Mo</u>	
c. LENGTH OF STAY (in this place) <u>17 days</u>		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 <u>St Marys Hosp</u>		e. STREET ADDRESS (If rural, give location) <u>7158 Miss Ave</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LOUISA</u>	b. (Middle) <u>JANE</u>	c. (Last) <u>SOLARI</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 12 1954</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 6-1867</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR	IF UNDER 6 HRS.
					Months <u>1</u>	Days <u>6</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Festus Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Canepa</u>	13b. MOTHER'S MAIDEN NAME <u>Rosa Compodona</u>	14. NAME OF HUSBAND OR WIFE <u>Jane Solari</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>M. M. Nivaldo 7158 Miss Ave</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastrointestinal hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hemorrhagic Colitis</u>		
	DUE TO (c) <u>Pantonitic enter</u> <u>Cavernous thromb</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>48 h</u> <u>undid</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 1947, 10, to present, 10, that I last saw the deceased alive on 10/12, 1954, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. A. [Signature]</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>16 Hampton Village</u>	23c. DATE SIGNED <u>10/12/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 15-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem St Louis City Mo</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>10/14/54</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	2. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>36 Clayton Rd Rich Hg Mo</u>
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

V 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 *Elmo R. Padivell*.....

Licensed Embalmer No. *407*.....

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.