

No. 300
10-48
FILED FEB 8 - 1955THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43820

318

REG. DIST. NO. PRIMARY REG. DIST. NO. 1003

Registrar's No. 11003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN University City	
c. LENGTH OF STAY (in this place) 1-day		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital		e. STREET ADDRESS (If rural, give location) 7820 Cornell Ave.	
3. NAME OF DECEASED (Type or Print) Caesar		a. (First) b. (Middle) c. (Last) S. Maglione	
4. DATE OF DEATH (Month) (Day) (Year) Dec. 2, 1954		5. SEX M. 0	
6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.	
8. DATE OF BIRTH Feb. 2, 1887		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min. 67 10 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - Restaurant		10b. KIND OF BUSINESS OR INDUSTRY Owner	
11. BIRTHPLACE (City and State or Foreign Country) Italy 5		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Sebastian Maglione		13b. MOTHER'S MAIDEN NAME Catherine Avetta	
14. NAME OF HUSBAND OR WIFE Mrs. Florence Maglione		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War # 1	
16. SOCIAL SECURITY NO. 499-26-6257		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Florence Maglione, 7820 Cornell Ave.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarct INTERVAL BETWEEN ONSET AND DEATH 10 hours ANTECEDENT CAUSES DUE TO (b) Hypertension DUE TO (c) Arterio-sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 4201		22. I hereby certify that I attended the deceased from Jan 1948, to 12/2, 1954, that I last saw the deceased alive on 12/2, 1954 and that death occurred at 2:25 a.m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Hollan O. Moore, M.D.		23b. ADDRESS 3625 Fair One	
23c. DATE SIGNED 12/2/54		24a. BURLIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Dec. 6, 1954		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		DATE REC'D BY LOCAL REG. DEC 3 1954	
REGISTRAR'S SIGNATURE H. Charles Smith		FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. Donnelly 3840 Lindell Blvd.	

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 *Francis Williams*.....

Licensed Embalmer No. *350*.....

P. O. Address *3840 Len*.....

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.