

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43829

11745

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo. b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2079		d. STREET ADDRESS (If rural, give location) 6147 Laura
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital			d. STREET ADDRESS (If rural, give location) 6147 Laura		
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) _____ c. (Last) Mazzola			4. DATE OF DEATH (Month) (Day) (Year) Dec. 24, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH APR 11 1879	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Park Division	10b. KIND OF BUSINESS OR INDUSTRY City Employee	11. BIRTHPLACE (City and State or Foreign Country) Italy 5		12. COUNTRY OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Sam Mazzola		13b. MOTHER'S MAIDEN NAME Anna unk.		14. NAME OF HUSBAND OR WIFE Felicia Mazzola	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -----		16. SOCIAL SECURITY NO. 499-34-2153	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Felicia Mazzola 6147 Laura		
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma, liver DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1) Lacerations, right forehead 5 days 2) Fractures, 6-7-8-9 right ribs - 3 hrs				INTERVAL BETWEEN ONSET AND DEATH ?
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Contributory	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, store, office, etc.) Hospital	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) DePaul - St Louis			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12 24 54 2:45	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell out of bed 4200^F			
22. I hereby certify that I attended the deceased from Nov. 6, 1954 , to Dec 24, 1954 , that I last saw the deceased alive on Dec 23, 1954 , and that death occurred at 7:12 m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) John G. McJurey MD			23b. ADDRESS 5014 Thekla St Louis		23c. DATE SIGNED 1/24/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 27, 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 27 1954	REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS P. Miceli 1150 No. Kingshighway		

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, by

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Elton R. Remick

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

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 this body is not embalmed, fact should be so stated above.