

FILED JAN 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5432 State File No. 765

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 4186 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY Franklin

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 Stanton
c. LENGTH OF STAY (in this place)

c. CITY OR TOWN Stanton

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hosp

STREET ADDRESS (If rural, give location) RR #2 Stanton Mo 0360

3. NAME OF DECEASED (Type or Print)
a. (First) VITA b. (Middle) V c. (Last) CILUFFO

4. DATE OF DEATH (Month) (Day) (Year) 1 - 15 - 55

5. SEX Female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W. divorced

8. DATE OF BIRTH Nov 13, 1858

9. AGE (In years last birthday) 96 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) House wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Italy

12. CITIZEN OF WHAT COUNTRY? ITALY

13a. FATHER'S NAME Anthony Gregori

13b. MOTHER'S MAIDEN NAME Rosalia Pollerito

14. NAME OF HUSBAND OR WIFE Salvatore Gregori

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. No

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Emil Carbone Stanton Mo RR #2

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) Lobau Pneumonia
ANTECEDENT CAUSES (b) Bilateral
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS General Arteriosclerosis
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 10 hrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 490X

20. AUTOPSY? YES NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1954, to Jan 15, 1955, that I last saw the deceased alive on Jan 14, 1955, and that death occurred at 11:40 Pm from the causes and on the date stated above.

23a. SIGNATURE (Signature or title) John J. de Catoris, M.D.

23b. ADDRESS Sullivan, Mo.

23c. DATE SIGNED Jan 16, 1955

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE JAN 19, 1955

24c. NAME OF CEMETERY OR CREMATORY CALVARY

24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO

DATE REC'D BY LOCAL REG. 1-17-55

REGISTRAR'S SIGNATURE Thomas A. Humphrey

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wenzhausen Mortuary 2218 So. Fenwick Highway

WHITE 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 *Edwin D. Mc Dermott*

Licensed Embalmer No. *3029*

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.