

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2537

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **0585**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (In this place) <b>6 Weeks</b>	c. CITY OR TOWN <b>St. Louis,</b> 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 <b>ST. LOUIS CITY HOSPITAL #1</b>		STREET ADDRESS (If rural, give location) <b>5201 Beacon Avenue</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>LAZZARO</b> b. (Middle) _____ c. (Last) <b>FRASCA</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1 19 55</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>1884 Dec. 28, 1889</b>
9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 18 HRS. Hours _____ Min. _____	11. BIRTHPLACE (City and State or Foreign Country) <b>Rome, Italy</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Unknown</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Mamie Frasca, (Deceased)</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>497-07-9734</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Robert Hathaway, 5541 Theodore Ave.</b>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>See by all</i> <i>Does not mean cause of dying, such as pneumonia, asthma, etc. means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic heart disease</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>4200</b>

22. I hereby certify that I attended the deceased from **12-8**, 19**54**, to **1-19**, 19**55**, that I last saw the deceased alive on **1-19**, 19**55**, and that death occurred at **11:05 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>William Boniface MD</b>	23b. ADDRESS <b>1515 Lafayette Ave.</b>	23c. DATE SIGNED <b>20 Jan '55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-22-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri.</b>		

DATE REC'D BY LOCAL REG. <b>JAN 21 1955</b>	REGISTRAR'S SIGNATURE <b>Charles Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Math. Hermann &amp; Son Inc. 2161 E. Fair Ave.</b>
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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 *Clement M. Neuf*

Licensed Embalmer No. *3732*

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.