

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6180

1403

BIRTH NO. 10541-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		d. STREET ADDRESS (If rural, give location) 2139 2017 Mackland	
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) Grassi	c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) Feb. 11, 1955			
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 0	8. DATE OF BIRTH Feb. 10, 1955
9. AGE (In years last birthday)	10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) None	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Charles Grassi	13b. MOTHER'S MAIDEN NAME Ceasarina Marnati	14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Charles Grassi, 2017 Mackland	
18. DATE OF OPERATION	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)
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 7615		
22. I hereby certify that I attended the deceased from 2-10, 1955 to 2-11, 1955, that I last saw the deceased alive on 2-11, 1955 and that death occurred at 8:45 p.m., from the causes and on the date stated above.			
23a. SIGNATURE Charles Montani M.D.	23b. ADDRESS 5147 Daggett	23c. DATE SIGNED 2-13-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-14-55	24c. NAME OF CEMETERY OR CREMATORY Resurrection	24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
DATE REC'D BY LOCAL REG. FEB 14 1955	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Paul C. Calcaterra, 5140 Daggett Ave.	

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
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.