

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

13922

State File No.
 Registrar's No. **3929**

318 PRIMARY REG. DIST. NO. **1003**

BIRTH NO. REG. DIST. 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) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 26 3805 a N 20 th	
d. FULL NAME OF HOSPITAL OR INSTITUTION 20th & Salisbury			
3. NAME OF DECEASED (Type or Print) a. (First) Salvatore b. (Middle) Sam c. (Last) Stallone			4. DATE OF DEATH (Month) 4 (Day) 29 (Year) 55
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, DIVORCED, OR SEPARATED Never married	8. DATE OF BIRTH 2/8/1888
9. AGE (In years last birthday) 67		10. UNDER 1 YEAR Months	10. UNDER 1 YEAR Days
10. UNDER 1 YEAR Hours		10. UNDER 1 YEAR Mins.	
10a. USUAL OCCUPATION (Give kind of work and if not in this line, give occupation, even if retired) Maintenance		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Castelvittrano Italy		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Salvatore Stallone		13b. MOTHER'S MAIDEN NAME Giuseppa Bono	
13c. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) WW #1		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rosario Stallone Los Angeles Cal			
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 INTERNAL HEMORRHAGE following a gunshot wound to the chest and right leg suffered when gun was loaded by Raymond Mc Kinney as accidentally discharged Hyde Park Blair & Fiskar while using the deceased, above.	
18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH		18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 8:15 pm. April 29, 1955.		19b. MAJOR FINDINGS OF OPERATION Autopsy	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Accidental		21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, etc.) St. Louis Mo	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) St. Louis Mo		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Apr 29 558 p	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E9194	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:15 p. m. , from the causes and on the date stated above. 19			
23a. SIGNATURE (Degree or title) Patrick Clayton Casner		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 5.3.55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5/5/55	
24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo	
DATE REC'D BY LOCAL REG. MAY 3 1955		REGISTRAR'S SIGNATURE J. Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Miceli		ADDRESS 1150 N Kingshiway	

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 Elton H. Remelius

Licensed Embalmer No. 42.93

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.