

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20467

State File No. _____

FILED JUN 27 1955

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5179**

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) St. Louis, Mo.		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5321 Minnesota		STREET ADDRESS (If rural, give location) 15 5321 Minnesota			
3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) W. c. (Last) Volpo Sr.		4. DATE OF DEATH (Month) (Day) (Year) June 13, 1955			
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sep. 1, 1890	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret.		10b. KIND OF BUSINESS OR INDUSTRY unk		11. BIRTHPLACE (City and State or Foreign Country) Italy	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME unk Volpo		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE Celest Volpo		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes world war I		16. SOCIAL SECURITY NO. 499-01-9449	
17. INFORMANT'S SIGNATURE OR NAME Celest Volpo		ADDRESS 5321 Minnesota			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbidity 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 checked="" 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 4201	
22. I hereby certify that I attended the deceased from 13 June, 1955 , to 13 June, 1955 , that I last saw the deceased alive on D.O.A. , 19____, and that death occurred at 730 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE Albert L. Brant		23b. ADDRESS 5600 S. Clayton		23c. DATE SIGNED 14 June 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 6-16-55		24c. NAME OF CEMETERY OR CREMATORY National Cem.	
24d. LOCATION (City, town, or county) (State) Jeff. Brks., Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home			
DATE REC'D BY LOCAL REG. JUN 15 1955		REGISTRAR'S SIGNATURE J. Carl Smith		ADDRESS 6322 S. Grand Blvd., St. Louis, Mo.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

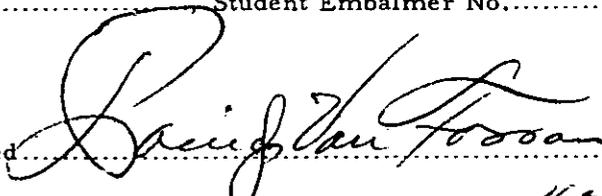
Dr. Nesters office
Dr. BanFontae
5600 S. Compton-

1 to 4 p.m.

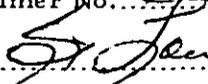
STATEMENT BY LICENSED EMBALMER

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.....


Licensed Embalmer No.....⁴³

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.