

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20648

State File No.

FILED JUN 30 1955

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>547</u>		Registrar's No. <u>1333</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Richmond Heights</u>)		c. LENGTH OF STAY (in this place) <u>10 days</u>		c. CITY OR TOWN <u>Richmond Heights</u>		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 <u>St. Marys Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>1010 E. LINDEN</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>NEXINA</u>			b. (Middle) <u>C</u>		c. (Last) <u>MINARDI</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 10 1955</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>APRIL 22 1895</u>		9. AGE (in years last birthday) <u>60</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>HANNIBAL MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME <u>Joseph H. Caruso</u>			13b. MOTHER'S MAIDEN NAME <u>LIBORIA PUSATERI</u>		14. NAME OF HUSBAND OR WIFE <u>W. N. MINARDI</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W. N. Minardi</u>				ADDRESS <u>1010 E. LINDEN</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Abscess</u>						INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>3 days</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) _____		21d. (COUNTY) _____		21e. (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? _____					
22. I hereby certify that I attended the deceased from <u>6-7</u> , 19 <u>55</u> , to <u>6-10</u> , 19 <u>55</u> that I last saw the deceased alive on <u>6-9</u> , 19 <u>55</u> , and that death occurred at <u>2:30 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>E. DeShroeder M.D.</u>				23b. ADDRESS <u>3720 Washington</u>				23c. DATE SIGNED <u>6/10/55</u>	
24a. PREPARATION REMOVAL <u>None</u>		24b. DATE <u>JUNE 13 55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>		24d. LOCATION (City, town, or county) <u>St. Louis Mo</u>		24e. (State) _____	
DATE REC'D BY LOCAL REG. <u>6/11/55</u>		REGISTRAR'S SIGNATURE <u>Richard R. Donke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Benjamin Dehaan</u>		ADDRESS <u>1431 Union</u>			

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.....

Licensed Embalmer No. 365

P. O. Address St. Paul

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.