

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24725**

BIRTH NO. **4652 Maryland** REG. DIST. NO. **311** PRIMARY REG. DIST. NO. **543** Registrar's No. **1170**
 FILED AUG 10 1955

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY ST. LOUIS | |
| b. CITY OR TOWN Jennings | | c. CITY OR TOWN Jennings | |
| c. LENGTH OF STAY (in this place) 7mo | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION High Tower Old Folks Home | | | |
| STREET ADDRESS (If rural, give location) 2520 McLaren | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) Angelo | b. (Middle) Maria | c. (Last) Lombardi | 4. DATE OF DEATH (Month) (Day) (Year) 7/31/55 |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Feb 28 1863 | 9. AGE (In years last birthday) 92 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lamp Lighter | 10b. KIND OF BUSINESS OR INDUSTRY City Dept | 11. BIRTHPLACE (City and State or Foreign Country) Italy | 12. CITIZEN OF WHAT COUNTRY? Italy |
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| 13a. FATHER'S NAME unk | 13b. MOTHER'S MAIDEN NAME unk | 14. NAME OF HUSBAND OR WIFE Rosemarie Lombardi |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) no | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Ambrosecchia 7030 Lillian |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) As heart disease | | |
| | 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. anebral hemorrhage post op cholelithotomy | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 4200 | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from **2 July, 1955**, to **31 July, 1955**, that I last saw the deceased alive on **31 July, 1955**, and that death occurred at **2 p m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) L. Lillman | 23b. ADDRESS 4652 Maryland | 23c. DATE SIGNED 10 Aug 55 |
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|-------------------------|--|--|
| 24a. DATE 8/3/55 | 24b. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | 24c. LOCATION (City, town, or county) (State) St. Louis, Mo |
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| DATE REC'D BY LOCAL REG. 8/1/55 | REGISTRAR'S SIGNATURE Herbert G. Donke MD | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Miceli 1150 N. Kingshiway |
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(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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 _____

Anthony J. Maceli

Licensed Embalmer No. 46

P. O. Address *H. Town*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.