

10. 48

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

FILED AUG 10 1955
705 Olive Chl 6969

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24896

State File No.

BIRTH NO. 2-6 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 506 Registrar's No. 1271

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 (If outside corporate limits, write RURAL and give township) OR TOWN Normandy		c. LENGTH OF STAY (in this place) 2yrs	c. CITY OR TOWN Normandy
d. FULL NAME OF HOSPITAL OR INSTITUTION 7211 Normandy Pl		STREET ADDRESS (If rural, give location) 7211 Normandy Pl	

3. NAME OF DECEASED (Type or Print) a. (First) Josephine b. (Middle) Giuseppa c. (Last) Orlando			4. DATE OF DEATH (Month) (Day) (Year) 7/30/55		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct 26 1875		9. AGE (In years last birthday) 79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY ownhouse	11. BIRTHPLACE (City and State or Foreign Country) Italy		12. CITIZEN OF WHAT COUNTRY? Italy

13a. FATHER'S NAME Marcantonio Bommarito		13b. MOTHER'S MAIDEN NAME Orsla Trupiano		14. NAME OF HUSBAND OR WIFE Mercurio Orlando	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Philip Grippi 7211 Normandy Pl	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe myocarditis		INTERVAL BETWEEN ONSET AND DEATH 6 mo	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Heat exhaustion		3 days	
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) 4200F	
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 **Feb 10, 1955** to **July 30, 1955**, that I last saw the deceased alive on **July 19, 1955**, and that death occurred at **3:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE L. N. Snyder (Degree or title) M.D.		23b. ADDRESS 705 Olive St.		23c. DATE SIGNED 8-1-55	
24a. DATE 8/2/55		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	

DATE REC'D BY LOCAL REG. 8/1/55		REGISTRAR'S SIGNATURE Horst R. Donke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Miceli 1150 N. Kingshiway	
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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. Miceli

Licensed Embalmer No. *427*

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.