No. 300
10-48

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

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31317

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7839

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 16 dys
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Baptist Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 5445 Odell Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Joseph b. (Middle) c. (Last) Pace

4. DATE OF DEATH: Sept 4 1955

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 21, 1886

9. AGE (In years last birthday): 69 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Kiln Firer

10b. KIND OF BUSINESS OR INDUSTRY: Brick factory

11. BIRTHPLACE (City and State or Foreign Country): Italy

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Dominic Pace

13b. MOTHER'S MAIDEN NAME: Angela (Unknown)

14. NAME OF HUSBAND OR WIFE: Concetta Pace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 492-07-2406

17. INFORMANT'S SIGNATURE OR NAME: Mrs. Joseph Pace ADDRESS: 5445 Odell Ave.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Acute Cholecystitis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 585X

19a. DATE OF OPERATION: 8-19-55

19b. MAJOR FINDINGS OF OPERATION: Acute Cholecystitis

20. AUTOPSY? YES [ ] NO [X]

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) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-19-55, 19___, *to* 9-4-55, 19___, *that I last saw the deceased alive on* 9-4-55, 19___, *and that death occurred at* 4:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James R Meador M.D.

23b. ADDRESS: 45 Central

23c. DATE SIGNED: 9-6-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Sept. 8, 1955

24c. NAME OF CEMETERY OR CREMATORY: Resurrection Cemetery

24d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

DATE REC'D BY LOCAL REG.: SEP 7 1955

REGISTRAR'S SIGNATURE: Earl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Hoffmeister Colonial Mortuary, 6664 Chippewa St., St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..Harry J. Schumacher

Licensed Embalmer No 2679

P. O. Address 7814 S Broadw

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