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No. 300
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# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

34772

State File No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8893

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

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 915 N.Grand,St.Louis,Mo.
c. LENGTH OF STAY (in this place): 50 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Administration Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
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): 5320 Hamilton

**3. NAME OF DECEASED** (Type or Print)
a. (First): Sam
b. (Middle):
c. (Last): Giamanco

**4. DATE OF DEATH** (Month) (Day) (Year): 10-11-55

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: 5-16-1933
**9. AGE** (In years last birthday): 22 — 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): Cement Mason
**10b. KIND OF BUSINESS OR INDUSTRY**: Construction
**11. BIRTHPLACE** (City and State or Foreign Country): St. Louis, Mo.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Charles Giamanco
**13b. MOTHER'S MAIDEN NAME**: Grace (Unknown)
**14. NAME OF HUSBAND OR WIFE**: Martha Giamanco

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): Yes
(If yes, give war or dates of service): Korean
**16. SOCIAL SECURITY NO.**: 495289654
**17. INFORMANT'S SIGNATURE OR NAME — ADDRESS**: VA HOSPITAL RECORDS, ST. LOUIS, MO.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Osteogenic sarcoma — INTERVAL BETWEEN ONSET AND DEATH: Unk.

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Metastasis — Unk.
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**: 196X
**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 VA attended the deceased from* 8-22, *19*55, *to* 10-11, *19*55, *and that death occurred at* 8:10p *m., from the causes and on the date stated above.*

**23a. SIGNATURE**: Otto K. Thiele (Degree or title) M.D.
OTTO K. THIELE
**23b. ADDRESS**: VAH, ST. LOUIS, MO.
**23c. DATE SIGNED**: 10-11-55

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 10/15
**24c. NAME OF CEMETERY OR CREMATORY**: Calvary
**24d. LOCATION** (City, town, or county) (State): St. Louis Mo

DATE REC'D BY LOCAL REG.: OCT 13 1955
REGISTRAR'S SIGNATURE: Earl Smith MD
**25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS**: Miceli 1100 No Kingshighway
(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 John L Dennet

Licensed Embalmer No. 46

P. O. Address St. Lou

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.