

FILED JAN 6 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41910**  
**10788**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>D.O.A. City Hospital</b>		• STREET ADDRESS (If rural, give location) <b>25 818 North 9th. Street</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b> b. (Middle) c. (Last) <b>Ciurciola</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 8, 1955</b>		
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M.</b>	8. DATE OF BIRTH <b>May 28, 1882</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Days <b>22</b> Months <b>5</b> Years <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>Building Inspector, City of St. Louis</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>					

13a. FATHER'S NAME <b>Vincent Ciurciola</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Daneri</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Mayme Ciurciola</b>	
---	--	--	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>494-36-4813</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Mary Ciurciola, 818 North 9th. Street</b>			
---	---	--	--	--	--

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) <b>Coronary Thrombosis</b> ANTECEDENT CAUSES DUE TO (b) <b>Arterio-sclerotic heart disease</b> DUE TO (c) <b>Coronary insufficiency</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Generalized metabolic calcium of bone Primary growth ca of prostate</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Stab</b> <b>3 yrs</b> <b>3 yrs</b> <b>10 yrs</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>420.0</b>		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) <b>St. Louis Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 **7-15**, 19**53**, to **12-6**, 19**55**, that I last saw the deceased alive on **10-6**, 19**55**, and that death occurred at **11:00 AM.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Max Stabff, MD.</b>		23b. ADDRESS <b>512 Owen Pl</b>		23c. DATE SIGNED <b>12-9-55</b>	
--	--	------------------------------------	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec. 12, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>	
--	--	-----------------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>DEC 9 1955</b> <b>J. Earl Smith</b>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Arthur J. Donnelly</b> <b>3810 Lindell Blvd.</b>	
--	--	--	--

S.P. (Licensed Embalmer's Statement on Reverse Side)

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 *Francis Williams*.....

Licensed Embalmer No. *35*.....

P. O. Address *3840A*.....

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.