

FILED JAN 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42078**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10810**

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 ST. LOUIS		c. CITY (If outside corporate limits write RURAL and give township) OR TOWN ST. LOUIS 4376	
d. FULL NAME OF HOSPITAL OR INSTITUTION Old Faith Hosp		d. STREET ADDRESS (If rural, give location) 7545 Delmar	

3. NAME OF DECEASED (Type or Print) a. (First) FRANCIS b. (Middle) - c. (Last) GIARRAFFA			4. DATE OF DEATH (Month) (Day) (Year) 12 7 55		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct 16 1884	9. AGE (In years last birthday) 71	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 MIN. Hours	# UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (If the kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY OWN house	11. BIRTHPLACE (City and State or Foreign Country) Sicily	12. CITIZEN OF WHAT COUNTRY? Italy
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13a. FATHER'S NAME ANTONIO SERIS	13b. MOTHER'S MAIDEN NAME GIUSEPPA BINCI	14. NAME OF HUSBAND OR WIFE NUNZIO GIARRAFFA
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give year of dates of service)	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME Joe GIARRAFFA	ADDRESS 7545 Delmar
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH hours
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetic coma		
	ANTECEDENT CAUSES DUE TO (b) Diabetes - non treated		
DUE TO (c) & not diagnosed definitely until admitted to hospital same morning		11. 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 260x	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)
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 **12/1, 1955**, to **12/7, 1955**; that I last saw the deceased alive on **12/7, 1955**, and that death occurred at **9:30 m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. Rignone M.D.	23b. ADDRESS 2801 N. Taylor	23c. DATE SIGNED 12/9/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12/10/55	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO
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DATE REC'D BY LOCAL REG. DEC 9 1955	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Miceli	ADDRESS 1150 No Kingshiway
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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
Student Embalmer

Signed

J. Wm. B. Binkley

Licensed Embalmer No. *3653*

P. O. Address *St. Louis, Mo.*

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 this body is not embalmed, fact should be so stated above.

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