

FILED JAN 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42547

State File No.

318

1003

Registrar's No. 11438

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (If in place) 12 DAYS		c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION PARK LANE HOSPITAL				e. STREET ADDRESS (If rural, give location) 4660 ASHLAND				
3. NAME OF DECEASED (Type or Print) a. (First) PIETRO RIZZUTO			b. (Middle) _____		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) DEC 27, 1955	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JUNE 6, 1879		9. AGE (In years last birthday) (If under 1 year: Months) (If under 24 hrs.: Day) (Hour) (Min.) 76 6 11		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY FLOOR COMPOUND		11. BIRTHPLACE (City and State or Foreign Country) ITALY		12. CITIZEN OF WHAT COUNTRY? 5		
13a. FATHER'S NAME VINCENT RIZZUTO			13b. MOTHER'S MAIDEN NAME THERESA MAURO			14. NAME OF HUSBAND OR WIFE ANGELINE RIZZUTO		
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. 489-10-1217a		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John F. Rizzuto 2155a Angelica				
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) Cerebral embolism			INTERVAL BETWEEN ONSET AND DEATH 2 day	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) My potential pneumonia			2 day	
				DUE TO (c) Carcinoma of pancreas with multiple metastases			?	
				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 159x				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)				
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 12-23, 1955 , to 12-27, 1955 , that I last saw the deceased alive on 12-27, 1955 , and that death occurred at 4:28 m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) W. H. Knight M.D.				23b. ADDRESS 8701 N. Broadway, St. Louis		23c. DATE SIGNED 12/28/55		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC 30, 1955		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MISSOURI		
DATE REC'D BY LOCAL REG. DEC 28 1955		REGISTRAR'S SIGNATURE Carl Smith M.D. - Nichols			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1431 Union Blvd.			

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 *J. Wm. Binkley*.....
Licensed Embalmer No. *365*.....
P. O. Address *St. Louis*.....

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.