

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6486

State File No. ....

FILED FEB 17 1956

1239

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

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis, Mo.</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>10 WKS</u>		e. STREET ADDRESS (If rural, give location) <u>4042 Natural Bridge<sup>1070</sup></u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Philip</u> b. (Middle) <u>Anthony</u> c. (Last) <u>Galati</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>February 3, 1956</u>	
--	--	---	--

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN 14 1929</u>	9. AGE (In years last birthday) <u>27</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
-----------------	---------------------------	---	-------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>TRUCK DRIVER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Famous BARR</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	--	--	---

13a. FATHER'S NAME <u>Angelo Galati</u>	13b. MOTHER'S MAIDEN NAME <u>Bertha Di Noto</u>	14. NAME OF HUSBAND OR WIFE <u>Delores Galati</u>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>494-24-3313</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Delores Galati</u> ADDRESS <u>4042 Natural Bridge</u>
---	--	--

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  <u>15 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Intracapillary glomerulonephrosis</u> DUE TO (c) <u>Diabetes Mellitus</u>		
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 _____	20. AUTOPSY? YES <input checked="" 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) <u>ST. LOUIS MO</u>
--	--	---

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 Nov. 18, 1955, to Feb. 3, 1956, that I last saw the deceased alive on Feb. 3, 1956, and that death occurred at 2:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>C. J. D'Amillion, M.D.</u> (Degree or title) (23b. ADDRESS <u>BARNES HOSPITAL</u> )	23c. DATE SIGNED <u>2/3/56</u>
---	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2/6/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>
---	-------------------------	--	---

DATE REC'D BY LOCAL REG. <u>FEB 6 1956</u>	REGISTRAR'S SIGNATURE <u>Carl Smith M.D. Miceli</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Miceli</u> ADDRESS <u>1150 No Kingshiway</u>
--	---	--

mfb (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 *Anthony J. Miceli*  
Licensed Embalmer No. *427*  
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.