THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10518

FILED APR 12 1956

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3044

1. PLACE OF DEATH

a. COUNTY: St. Louis

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis

c. LENGTH OF STAY (In this place): 3 week

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Faith Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Mo.

b. COUNTY: ST. LOUIS

c. CITY OR TOWN: ~~2111 Louis~~ 4001 / PINE LAWN

d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐

e. STREET ADDRESS (If rural, give location): 2111 Crecent Pine Lawn

3. NAME OF DECEASED (Type or Print)

a. (First): Rosalia

b. (Middle): Campo

c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): 3-25-56

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Feb. 21, 1885

9. AGE (In years last birthday): 71

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): housewife

10b. KIND OF BUSINESS OR INDUSTRY: ---------

11. BIRTHPLACE (City and State or Foreign Country): Sciliy Italy 5

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Angelo Gagliardi

13b. MOTHER'S MAIDEN NAME: Maria Canizzaro

14. NAME OF HUSBAND OR WIFE: Carmelo Campo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): -------

16. SOCIAL SECURITY NO.: -------

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: J.W. Burdick 901 Maurice Fergurson.

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) Cerebral Thrombosis c̄ Hemiplegia — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Hypertensive Cardio Vascular Disease — 5 yrs

DUE TO (c) Chronic Nephritis, Diabetes Mellitus — 5 yrs.

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: 260X ~~332X~~

20. AUTOPSY? YES ☐ NO ☑

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 attended the deceased from* Jan., 1948, *to* Mar. 25, 1956, *that I last saw the deceased alive on* March 25, 1956, *and that death occurred at* 11 55 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph B Guccione MD

23b. ADDRESS: 2801 N. Taylor

23c. DATE SIGNED: 3/26/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3-28-56

24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

24d. LOCATION (City, town, or county) (State): St. Louis MO.

DATE REC'D BY LOCAL REG.: MAR 26 1956

REGISTRAR'S SIGNATURE: J. Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Miceli 1150 No. Kingshighway

(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 e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.