

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10914

State File No.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

2471

BIRTH NO.

REG. DIST. NO.

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give town(ship))
OR
TOWN **915 N. Grand, St. Louis, Mo.**c. LENGTH OF STAY (In this place)
49 daysd. FULL NAME OF HOSPITAL OR INSTITUTION
Veterans Administration Hosp.

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

a. STATE

MISSOURI

b. COUNTY

c. CITY OR TOWN
ST. LOUISd. Is Residence within limits of a city or incorporated town?
Yes No

e. STREET ADDRESS (If rural, give location)

8409 PENNSYLVANIA

20190

3. NAME OF DECEASED
(Type or Print)

a. (First)

Marc

b. (Middle)

Anthony

c. (Last)

IPPOLITO

4. DATE OF DEATH

(Month) (Day) (Year)
3-7-56

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

8-12-12

9. AGE (In years last birthday)

43

IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Street Light Patrolman

10b. KIND OF BUSINESS OR INDUSTRY

City of St. Louis

11. BIRTHPLACE (City and State or Foreign Country)

Italy

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

Nicola Ippolito

13b. MOTHER'S MAIDEN NAME

Angelina Ammacapane

14. NAME OF HUSBAND OR WIFE

Julia Ippolito15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
yes 7 WW-216. SOCIAL SECURITY NO.
493-05-53 40

17. INFORMANT'S SIGNATURE OR NAME

VA Hosp. Records, 915 N. Grand, St. Louis, Mo.

ADDRESS

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

Lymphatic Leukemia

ANTECEDENT CAUSES

And
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Lobar Pneumonia, Left Upper Lobe

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
2 Years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

2040

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 **1-18-56**, 19___, to **3-7-56**, 19___, and that death occurred at **2:20 p. m.**, from the causes and on the date stated above.23a. SIGNATURE OF REGISTRAR
W. J. Fitzpatrick23b. ADDRESS VA Hospital
M.D. 915 N. Grand, St. Louis, Mo.23c. DATE SIGNED
3-7-56

24a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24b. DATE

3/12/56

24c. NAME OF CEMETERY OR CREMATORY

National Cemetery

24d. LOCATION (City, town, or county) (State)

Jefferson Barracks Mo.

DATE REC'D BY LOCAL REG.

MAR 9 1956

REGISTRAR'S SIGNATURE

W. J. Fitzpatrick

25. FUNERAL DIRECTOR'S SIGNATURE

Fendler Und. Co. 7420 Michigan

ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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 *W. G. Peterson*.....

Licensed Embalmer No. *3*.....

P. O. Address *74207*.....

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.