

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11671

State File No.

FILED MAR 26 1956

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 628

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| 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 <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u> | | c. CITY OR TOWN <u>University City</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>2 yrs</u> | | e. STREET ADDRESS (If rural, give location) <u>6833 Roberts</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6833 Roberts</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Caterina</u> b. (Middle) <u>DiFalco</u> c. (Last) <u>DiFalco</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 3, 1956</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, ⁴ WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Dec. 18, 1886</u> | | 9. AGE (In years last birthday) <u>69</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, give if retired) <u>German Industry</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Ladies Garments</u> | 11. BIRTHPLACE (City and State, or Foreign Country) <u>Italy</u> | | 12. CITIZEN OF WHAT COUNTRY <u>Italy</u> |

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| 13a. FATHER'S NAME <u>Francesco Cataldo</u> | 13b. MOTHER'S MAIDEN NAME <u>Marianna Mirasda</u> | 14. NAME OF HUSBAND OR WIFE <u>Bernardo DiFalco</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY (If yes, give war or dates of service) <u>no</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Philip DiFalco 6833 Roberts</u> |

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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 <u>1 wk.</u> <u>4 months</u> <u>10 yrs.</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal Pneumonia</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardio-Vascular</u> DUE TO (c) <u>Renal Disease</u> | | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m. | 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 June, 1950, to Mar. 3, 1956, that I last saw the deceased alive on Mar. 3, 1956, and that death occurred at 6⁰⁰ p. m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Joseph B. Guccione</u> (Degree or title) | 23b. ADDRESS <u>2801 N. Taylor</u> | 23c. DATE SIGNED <u>3/5/56</u> |
| 24a. DATE <u>Mar. 7, 1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u> |

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| DATE REC'D BY LOCAL REG. <u>3-6-56</u> | REGISTRAR'S SIGNATURE <u>Herbert R. Dowbenko</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>P. Miceli 1150 No. Kingshighway</u> |
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(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300
48

/ 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 Oliver K. Padwell.....

Licensed Embalmer No. 407.....

P. O. Address Sh. La.....

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.