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FILED APR 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11800

State File No.

BIRTH NO. 21199-56 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 592

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 township) OR TOWN <u>Richmond Hgts</u>	c. LENGTH OF STAY (in this place) <u>53 min</u>	d. CITY OR TOWN <u>ST. Louis</u>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>1517 Brock</u>	

3. NAME OF DECEASED (Type or Print): a. (First) <u>Michelle</u> b. (Middle) <u>HELEN</u> c. (Last) <u>DI CARLO</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 1st 1956</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>MARCH 1, 1956</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>53</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>child</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Richmond Hgts MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Salvatore Di Carlo</u>	13b. MOTHER'S MAIDEN NAME <u>Elaine Schmidt</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Salvatore Di Carlo</u>	ADDRESS <u>1517 Brock</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 1/2 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anoxia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prolopse of umbelical cord</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prematurity</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from March 1, 1956, to March 1, 1956, that I last saw the deceased alive on March 1, 1956, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>Lawrence E. Mendonca MD</u>	23b. ADDRESS <u>607 No. Grand Ave. St. Louis 3, Mo.</u>	23c. DATE SIGNED <u>3-1-56</u>
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24a. BURIAL, CREMATION (Specify) <u>Burial</u>	24b. DATE <u>3/2/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lakewood Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>ST. Louis Co, MO</u>
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DATE REC'D BY LOCAL REG. <u>3-2-56</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donohue MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Micali</u>	ADDRESS <u>1150 No Kings Highway</u>
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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 Not Embalmed, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Anthony J. Meola
Licensed Embalmer No. 4
P. O. Address None

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.