

FILED APR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14565

318

1003

Registrar's No. 3439

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|---|--|---|--|--|--|---|--|
| BIRTH NO. | | REG. DIST. NO. | | PRIMARY REG. DIST. NO. | | Registrar's No. | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) | | c. CITY OR TOWN St. Louis | | d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4508 Tower Grove Pl. | | | | e. STREET ADDRESS (If rural, give location) 4508 Tower Grove Pl. 2179 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) VINCENT | | b. (Middle) R. | | c. (Last) FIORITA | | 4. DATE OF DEATH (Month) (Day) (Year) Apr. 3 1956 | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower | | 8. DATE OF BIRTH JUNE 29, 1881 | |
| 9. AGE (In years last birthday) 74 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President-National | | 10b. KIND OF BUSINESS OR INDUSTRY Florita Fruit Co. | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Sylvester Rocco Fiorita | | 13b. MOTHER'S MAIDEN NAME Mary Loose | | 14. NAME OF HUSBAND OR WIFE Late Mamie Fiorita | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. (If yes, give year or date of service) None | | 17. INFORMANT'S SIGNATURE OR NAME Mary J. Openlander | | ADDRESS 4508 Tower Gr. Pl. | |
| 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) Carcinoma of larynx Metastases to lung and long bones DUE TO (b) Metastases to lung DUE TO (c) and Long Bones II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION 1954-1956 | | 19b. MAJOR FINDINGS OF OPERATION Ca larynx Ca larynx | | | | 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. HOW DID INJURY OCCUR? | |
| 21d. TIME OF INJURY. 4-3-56 | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? Nov. 55 | | 21g. DATE SIGNED Apr 56 | |
| 22. I hereby certify that I attended the deceased from Nov., 1955, to Apr., 1956, that I last saw the deceased alive on Apr 3, 1956, and that death occurred at 9:00P m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Thos M. Martin Thos M Martin MD | | | | 23b. ADDRESS 710 M.D. 634 634 N. Grand | | 23c. DATE SIGNED Apr 5 1956 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Apr. 6, 1956 | | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | |
| DATE REC'D BY LOCAL REG. APR 5 1956 | | REGISTRAR'S SIGNATURE J. Carl Smith MD | | 25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser | | ADDRESS 4228 S. Kingshighway Bl. | |

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 *Paul A. Sherman*
Licensed Embalmer No. 453

P. O. Address.....

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.