

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21905**
5498

No. 300
10.48

FILED JUN 20 1956

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003** Registrar's No. **5498**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis				
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place township) 50 years		c. CITY OR TOWN St. Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital		e. STREET ADDRESS (If rural, give location) 6133 Pershing Ave.				
3. NAME OF DECEASED (Type or Print) Louis		a. (First) Louis		b. (Middle) A		
c. (Last) Isola		4. DATE OF DEATH June 7th. 1956		a. (Month) June b. (Day) 7th. c. (Year) 1956		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH June 7th. 1864	9. AGE (in years last birthday) 92	IF UNDER 1 YEAR: Months 0 Days 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Grocer		10b. KIND OF BUSINESS OR INDUSTRY Grocery		11. BIRTHPLACE (City and State or Foreign Country) Italy		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Isola		13b. MOTHER'S MAIDEN NAME U.K.		
14. NAME OF HUSBAND OR WIFE Teresa Isola deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		
17. INFORMANT'S SIGNATURE OR NAME Peter Isola		ADDRESS 6133 Pershing				
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) Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c) heart disease			INTERVAL BETWEEN ONSET AND DEATH 24 hrs. 2 hrs.	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none			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		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 Jan 4, 1950 , to June 7, 1956 , that I last saw the deceased alive on June 7, 1956 , and that death occurred at 6:15 P.m. , from the causes and on the date stated above.						
23a. SIGNATURE D. J. Verda M.D.		(Degree or title)		23b. ADDRESS 4500 Olive		
23c. DATE SIGNED 6-7-56		24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 6-11-1956		
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Missouri		DATE REC'D BY LOCAL REG. JUN 8 1956		
REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE William J. Donnelly		ADDRESS 3840 Lindell Blvd.		

(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 embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Francis Williams*.....

Licensed Embalmer No. *350*.....

P. O. Address *3840 Sun*.....

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.