

FILED JUL 25 1956

STANDARD CERTIFICATE OF DEATH

State File No. 25136
6252

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 2 weeks		c. CITY OR TOWN <i>St. Louis</i>		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 DePaul Hospital				e. STREET ADDRESS (If rural, give location) 1539 Trampe Lane					
3. NAME OF DECEASED (Type or Print) a. (First) Charles			b. (Middle) S.		c. (Last) Mercurio Sr.		4. DATE OF DEATH (Month) (Day) (Year) July 2, 1956		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH February 3, 1883		9. AGE (In years last birthday) 73 if UNDER 1 YEAR: Months _____ Days _____ if UNDER 1 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Sec'y & Treas.			10b. KIND OF BUSINESS OR INDUSTRY Mound City Spaghetti Co.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Joseph Mercurio.			13b. MOTHER'S MAIDEN NAME Frances Cantanzaro			14. NAME OF HUSBAND OR WIFE Olive Mercurio			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 489-05-4220		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Olive Mercurio 1539 Trampe Lane					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arterio-sclerotic Heart Disease</i>				DUE TO (b) _____				16 yrs	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<i>Arterio-sclerotic kidneys</i> <i>Aneurysm of aorta.</i>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>420.0</i>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <i>February</i> 1956, to <i>July</i> , 1956, that I last saw the deceased alive on <i>July 2</i> , 1956, and that death occurred at <i>11:15 am.</i> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>M. Cecilia Reichert M.D.</i>				23b. ADDRESS <i>624 N. Grand</i>			23c. DATE SIGNED <i>7-3-56</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <i>7-5-56</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri.</i>				
DATE REC'D BY LOCAL REG. <i>JUL 3 1956</i>		REGISTRAR'S SIGNATURE <i>Earl Smith</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ✓ <i>Math Hermann & Son, Inc. 2161 E. Fair Ave.</i>				

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 *Clement M. Neary*.....

Licensed Embalmer No. *3732*

P. O. Address *St. Louis*.....

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.