No. 300
10-48

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

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

29072

State File No. 7664

FILED SEP 6 1956

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

**1. PLACE OF DEATH**
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) River Des Peres

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2209
d. STREET ADDRESS (If rural, give location) 2617 Montgomery

**3. NAME OF DECEASED** (Type or Print)
a. (First) John
b. (Middle) Salvia
c. (Last)

**4. DATE OF DEATH** (Month) (Day) (Year) Aug. 14. 1956

**5. SEX** Male
**6. COLOR OR RACE** White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married
**8. DATE OF BIRTH** Sept 8, 1886
**9. AGE** (In years last birthday) 69
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Shoe worker
**10b. KIND OF BUSINESS OR INDUSTRY** Shoe Mfgr.
**11. BIRTHPLACE** (City and State or Foreign Country) Partinico Italy
**12. CITIZEN OF WHAT COUNTRY?** Italy

**13a. FATHER'S NAME** Anthony Salvia
**13b. MOTHER'S MAIDEN NAME** Frances Cosentino
**14. NAME OF HUSBAND OR WIFE** Mary Salvia

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) No
(If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.** 499-28-6354
**17. INFORMANT'S SIGNATURE OR NAME** Mary Salvia
ADDRESS 2617 Montgomery

**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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION** 420.1
**20. AUTOPSY?** YES ☑ NO ☐

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from _____, 19_____, to _____, 19_____, that I last saw the deceased alive on _____, 19_____, and that death occurred at* 4:55 P *m., from the causes and on the date stated above.*

**23a. SIGNATURE** James M Kelly (Degree or Title) M.D.
**23b. ADDRESS** 1300 Clark
**23c. DATE SIGNED** 8-18-56

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial
**24b. DATE** Sat. Aug 18 1956
**24c. NAME OF CEMETERY OR CREMATORY** Calvary
**24d. LOCATION** (City, town, or county) St. Louis (State) Mo.

DATE REC'D BY LOCAL REG. AUG 18 1956
REGISTRAR'S SIGNATURE J. Earl Smith M.D.
acm
**25. FUNERAL DIRECTOR'S SIGNATURE** Miceli
ADDRESS 1150 No. Kingshighway

(Licensed Embalmer's Statement on Reverse Side)

## 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 .....
Student Embalmer

Signed Anthony P. Meils

Licensed Embalmer No. 4277

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 this body is not embalmed, fact should be so stated above.