

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32243

STATE FILE NUMBER

FILED SEP 21 1956

Registration District No. ....

318

Primary Registration District No. ....

1003

Registrar's No. ....

7952

|                                                                                                    |  |                                                                                                                        |  |
|----------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY                                                                     |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis, Mo.</b>            |  | c. CITY OR TOWN <b>St. Louis</b>                                                                                       |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b> |  | STREET ADDRESS <b>4965 Oleatha Ave.</b>                                                                                |  |

|                                                                                                                                      |                                  |                                                                                                                                                             |                                                                        |                                                                                                                                |                                               |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| 3. NAME OF DECEASED (Type or print)<br>First <b>Louis</b> Middle <b>Lawrence</b> Last <b>Massucci</b>                                |                                  |                                                                                                                                                             | 4. DATE OF DEATH<br>Month <b>August</b> Day <b>27</b> Year <b>1956</b> |                                                                                                                                |                                               |
| 5. SEX<br><b>Male</b>                                                                                                                | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>July 31, 1920</b>                               | 9. AGE (In years last birthday) <b>36</b><br>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)<br><b>Accountant-Combustion Engineer</b> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY                                                                                                                           | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis, Mo.</b>    |                                                                                                                                | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |
| 13. FATHER'S NAME<br><b>Louis M. Massucci</b>                                                                                        |                                  |                                                                                                                                                             | 14. MOTHER'S MAIDEN NAME<br><b>Mary DelCheccolo</b>                    |                                                                                                                                |                                               |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>               |                                  | 16. SOCIAL SECURITY NO.<br><b>496-18-2493</b>                                                                                                               | 17. INFORMANT <b>Mary Massucci</b> Address <b>4965 Oleatha (Wife)</b>  |                                                                                                                                |                                               |

|                                                                                                                                                              |                                          |                                                                                                   |             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------------------------------------------------|-------------|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Empyema (bi-lateral)</b> |                                          | INTERVAL BETWEEN ONSET AND DEATH<br><b>7 yrs.</b>                                                 |             |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.                                                                   | DUE TO (b) <b>Pulmonary Tuberculosis</b> |                                                                                                   | <b>Yrs.</b> |
|                                                                                                                                                              | DUE TO (c) <b>.002x</b>                  |                                                                                                   |             |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)                            |                                          | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |             |

|                                                                                                           |                                                                                              |                                           |
|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------|
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |                                           |
| 20c. TIME OF INJURY<br>Hour _____ Month _____ Day _____ Year _____<br>a. m. _____ p. m. _____             |                                                                                              |                                           |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)    | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |

21. I attended the deceased from **August 3, 1956** to **August 27, 1956** and last saw <sup>her</sup>him alive on **Aug. 27, 1956**  
Death occurred at **9:15 P.M.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **C. J. Miller, M.D.**

22b. ADDRESS **BARNES HOSPITAL**

22c. DATE SIGNED **8-28-56**

|                                                                                 |                                   |                                                               |                                                                        |
|---------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------|------------------------------------------------------------------------|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>                      | 23b. DATE<br><b>Aug. 30, 1956</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Calvary Cemetery</b> | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis, Mo.</b> |
| 24. FUNERAL DIRECTOR<br><b>Kriegshauser</b> ADDRESS <b>4228 S. Kingshighway</b> |                                   | 25. DATE RECD. BY LOCAL REG.<br><b>AUG 28 1956</b>            | 26. REGISTRAR'S SIGNATURE<br><i>[Signature]</i>                        |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Edwin A. McBurnett*.....

Licensed Embalmer No. *302*.....

P. O. Address .....

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.