

FILED SEP 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

32270

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7839**Health,
Welfare
Public
Service300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis,
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital		Length of stay in lb 7 Days	STREET ADDRESS. 5712 Astra (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Salvatore First Si... Middle o Last MODICA		4. DATE OF DEATH AUG 21 1956 Month AUG Day 21 Year 1956	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 2, 1881
9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 7 Days 14 Hours 14 Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Owner	10b. KIND OF BUSINESS OR INDUSTRY Vegetables
11. BIRTHPLACE (City and state or country) Italy	12. CITIZEN OF WHAT COUNTRY? No. U.S.A.		
13. FATHER'S NAME John Modica		14. MOTHER'S MAIDEN NAME Giovanna Florentine	
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. Nil.	17. INFORMANT Jenny Sciarratta, 4530 Athlone Ave. Address.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ASPIRATION PNEUMONIA			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) ACUTE GASTRIC DILATATION			48 HRS
DUE TO (c) UREMIA, G.I. HEMORRHAGE			72 HRS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) POST-OPERATIVE CHOLECYSTECTOMY			19. WAS AUTOPSY PERFORMED? 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 Hour 586 Month, Day, Year			
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
20g. STATE			
21. I attended the deceased from AUG 17, 1956 to AUG 21, 1956 and last saw her alive on AUG 21 Death occurred at 4 PM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Rester J. Nathan M.D.		22b. ADDRESS 216 So Kingshighway	22c. DATE SIGNED 8/23/56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-24-56	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
24. FUNERAL DIRECTOR Julius Schmitt, 4700 Washington ADDRESS		25. DATE RECD. BY LOCAL REG. AUG 24 1956	26. REGISTRAR'S SIGNATURE J. Earl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

3 P.

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 *Elmer R. Padgett*

Licensed Embalmer No. *40*

P. O. Address *St. Louis*

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.