

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

39770

State File No. _____

FILED NOV 28 1956

BIRTH NO. _____

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 10029

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (Specify) 2 days		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarnate Word Hospital		e. STREET ADDRESS 3928 Miami St			
3. NAME OF DECEASED (Type or Print) a. (First) Filippa b. (Middle) Scarpinato c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Nov 1st. 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 19,	9. AGE (In years last birthday) abt 70	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during part of life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Italy		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Salvadore LoBello		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Dominico Scarpinato		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dominico Scarpinato 3928 Miami St.		
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes; ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO Fracture of Left Hip; DUE TO suffered in fall on steps at Calvary Church, 6598 Wendover Ave. on October 27, 1956. about 10:15 am			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, factory, store, office, etc.) Church	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 27 56 10:15 am	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E900.6			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19 45, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:25 A.M., from the causes and on the date stated above.					
22a. SIGNATURE (Degree or title) 3 Matriel Taylor, Coroner			23b. ADDRESS 1300 Clark		23c. DATE SIGNED 11.3.56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE November 5, 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. NOV 3 1956	REGISTRAR'S SIGNATURE J. Earl Smith on 3.P.		25. FUNERAL DIRECTOR'S SIGNATURE Donald J. Nicholas		ADDRESS 1431 Union Blvd.

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, ~~embalmed~~....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Edward J. Simulius*.....

Licensed Embalmer No. *4283*.....

P. O. Address *St. Louis 7*.....

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.