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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms or 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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 27 1956

42728
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11289

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			Inside Limits Yes ☐ No ☐		c. CITY OR TOWN St. Louis		Inside Limits Yes ☐ No ☐		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5400 Reber Pl.			Length of stay in lb		d. STREET ADDRESS 5400 Reber Pl.			(If outside, give location) Reside on Farm Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) First Middle Last GIUSSEPINE (JOSEPHINE) BONAGURIO				4. DATE OF DEATH Month Day Year Dec. 8 1956					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐		8. DATE OF BIRTH Dec. 29, 1881		9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Italy			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Joseph				14. MOTHER'S MAIDEN NAME Caroline Bassani					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. None		17. INFORMANT Louis A. Bonagurio 5400 Reber Pl.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arterio sclerotic Heart disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arterio sclerosis, generalized</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								INTERVAL BETWEEN ONSET AND DEATH 2 yrs 10 yrs	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 420.0						
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.									
20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐			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 Feb 1950 to present and last saw her alive on 12-7-56 Death occurred at 1:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Rosemary R. Larkin MD				22b. ADDRESS 3284 Lvanhox				22c. DATE SIGNED 12-10	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Dec. 12, 1956		23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.			
24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway				25. DATE RECD. BY LOCAL REG. DEC 10 1956		26. REGISTRAR'S SIGNATURE Earl Smith MD			

(Licensed Embalmer's Statement on Reverse Side)

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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... *William P. White*

Licensed Embalmer No. *122*

P. O. Address *228 N. King*

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.