

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43387
11407

FILED DEC 31 1956

State File No.

318

1003

Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No.	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (If applicable) 2 weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pattonville Mo 4000		d. STREET ADDRESS (If rural, give location) Box 54	
d. FULL NAME OF HOSPITAL OR INSTITUTION New Faith Hospital				3. NAME OF DECEASED a. (First) Maria b. (Middle) La Rocca c. (Last) La Rocca			
4. DATE OF DEATH Dec. 10-56		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Sept. 23 1891		9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY ---	
11. BIRTHPLACE (City and State or Foreign Country) Italy		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Vito Barbera		13b. MOTHER'S MAIDEN NAME Ann Giovanna Accardi	
14. NAME OF HUSBAND OR WIFE John La Rocca		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ---		16. SOCIAL SECURITY NO. 490-01-9701		17. INFORMANT'S SIGNATURE OR NAME John La Rocca ADDRESS Box 54 Pattonville Mo	
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) Acute Pulmonary edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Carcinomatosis DUE TO (c) Adenocarcinoma, Ovaries II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity				INTERVAL BETWEEN ONSET AND DEATH 1 day 1 mo. 6 Weeks	
19a. DATE OF OPERATION 11-28-56		19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma Ovaries				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 11-21-1956 , to 12-10-1956 , that I last saw the deceased alive on 12-10-1956 , and that death occurred at 11:30P.m. , from the causes and on the date stated above.							
23a. SIGNATURE Nicholas J. Tale, MD				23b. ADDRESS 3861 Adams Ave.		23c. DATE SIGNED 12/12/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-13-56		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo	
DATE REC'D BY LOCAL REG. DEC 12 1956		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Ariceli & Sons		ADDRESS 1150 N Kingshighway	

(Licensed Embalmer's Statement on Reverse Side)

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, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Anthony J. Michel

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.