

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43422

FILED JAN 15 1957

State File No.

318

1003

11577

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY **St. Louis**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Mo** b. COUNTY _____

b. CITY OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) **8 yrs**

c. CITY OR TOWN **St. Louis**

d. FULL NAME OF HOSPITAL OR INSTITUTION **1424 n 13 th**

d. STREET ADDRESS (If rural, give location) **2510 1424 n 13 th**

3. NAME OF DECEASED a. (First) **Anthony** b. (Middle) _____ c. (Last) **Levantino**

4. DATE OF DEATH (Month) (Day) (Year) **12/15/56**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **Mar 19 1891** 9. AGE (In years last birthday) **65** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Presser**

10b. KIND OF BUSINESS OR INDUSTRY **Clothing**

11. BIRTHPLACE (City and State or Foreign Country) **Italy**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Salvatore Revantino** 13b. MOTHER'S MAIDEN NAME **Giovanna Zimmardi** 14. NAME OF HUSBAND OR WIFE **Lillian**

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. **493-03-5477**

17. INFORMANT'S SIGNATURE OR NAME **Lillian Levantino** ADDRESS **1424 n 13th St**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **UREMIA** INTERVAL BETWEEN ONSET AND DEATH **1 mo.**

ANTECEDENT CAUSES

METASTATIC CARCINOMA **2 mo +**

CARCINOMA HEAD OF PANCREAS **?**

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. **157X**

19a. DATE OF OPERATION **10/29/56** 19b. MAJOR FINDINGS OF OPERATION **Carcinoma of pancreas with metastases to liver, etc** 20. AUTOPSY? YES NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **10-25, 1956**, to **11-13, 1956**, that I last saw the deceased alive on **11-13, 1956**, and that death occurred at **6 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Collis Haulen M.D.** 23b. ADDRESS **1325 S-GRAND BLVD.** 23c. DATE SIGNED **12/18/56**

24a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) **Burial** 24b. DATE **12/18/56** 24c. NAME OF CEMETERY OR CREMATORY **Calvary** 24d. LOCATION (City, town, or county) (State) **St. Louis, Mo**

DATE REC'D BY LOCAL REG. **DEC 18 1956** REGISTRAR'S SIGNATURE **Paul Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **Miceli** 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 Micali

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.