

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **44849**

**FILED JAN 24 1957**

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11983**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>ILLINOIS</b> b. COUNTY <b>JACKSON</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>DOWELL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>MO. BAPTIST</b>			Length of stay in 1b <b>3 WKS.</b>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>NATALE</b> First <b>LENZINI</b> Middle <b>LENZINI</b> Last				4. DATE OF DEATH <b>12-27-56</b> Month <b>12</b> Day <b>27</b> Year <b>56</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>12-23-1881</b>		9. AGE (In years last birthday) <b>75</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MINER</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>COAL MINES</b>		11. BIRTHPLACE (City and state or country) <b>ITALY</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>LOUIS LENZINI</b>				14. MOTHER'S MAIDEN NAME <b>LITIDA CASSDI</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO. <b>357-07-8303</b>		17. INFORMANT <b>LICIANO LENZINI</b> Address <b>DOWELL ILL.</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>VENTRICULAR FIBRULATION</b> DUE TO (b) <b>HOMOLOGOUS SERUM JAUNDICE</b> <b>MULTIPLE BLOOD TRANSFUSIONS FOR</b> DUE TO (c) <b>INGESSANT BLEEDING</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE/CONDITION GIVEN IN PART I (a) <b>D) HYPERPLASIA OF PROSTATE (BENIGN)</b>						INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b> <b>Between 7-25-56 and 9-17-56</b>	
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 _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			<b>610X</b>				
20d. INJURY OCCURRED WHILE AT <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	STATE
21. I attended the deceased from <b>7-13-56</b> to <b>12-27-56</b> and last saw <sup>her</sup> him alive on <b>12-26-56</b> Death occurred at <b>9:15 A.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Andy Hall, Jr. M.D.</b>				22b. ADDRESS <b>UNIVERSITY CLUB BLDG.</b>		22c. DATE SIGNED <b>12-28-56</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REM.</b>		23b. DATE <b>12-29-56</b>		23c. NAME OF CEMETERY OR CREMATORY <b>SUNSET MEM. PARK</b>		23d. LOCATION (City, town, or county) (State) <b>RD. 51 PERRY, ILL.</b>	
24. FUNERAL DIRECTOR <b>ALBERT H. HOPPE</b> ADDRESS <b>4700 WASHINGTON</b>			25. DATE RECD. BY LOCAL REG. <b>12-28-56</b>		26. REGISTRAR'S SIGNATURE <b>Carl Smith MO</b> <i>m g B.</i>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

(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 *Stanley H. Rison*  
.....

Licensed Embalmer No. *41*

P. O. Address *S. R.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (It  
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.