

FILED FEB 18 1957

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 547 Registrar's No. 200

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). - a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RICHMOND HEIGHTS</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>	c. CITY OR TOWN <u>MAPLEWOOD</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARY'S HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>7829 WEAVER - AV.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>RAPHAEL</u>	b. (Middle) <u>E.</u>	c. (Last) <u>CAPELLI</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 21, 1957</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAR 9, 1874</u>	9. AGE (In years) (Last birthday) <u>82</u>	IF UNDER 1 YEAR (Month) (Day) (Year)	IF UNDER 2 HRS. (Hours) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DISPATCHER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>PUBLIC TRANSPORTATION</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JOHN CAPELLI</u>	13b. MOTHER'S MAIDEN NAME <u>Caterina Ginnocchio</u>	14. NAME OF HUSBAND OR WIFE <u>LOUISE CAPELLI</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>493-108476</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MARY JANE CAPELLI</u>	ADDRESS <u>7829 WEAVER AV.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease.</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) <u>4200</u>
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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?
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22. I hereby certify that I attended the deceased from Jan. 19, 1957, to Jan. 21, 1957, that I last saw the deceased alive on Jan. 21, 1957, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE, (Degree or title) <u>C.E. Williamson</u>	23b. ADDRESS <u>7336 Clayton Road</u>	23c. DATE SIGNED <u>1/22/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>JAN 24, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEM. -</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>1-23-57</u>	REGISTRAR'S SIGNATURE <u>Herbert A. Donahue</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Cloughan</u>	ADDRESS <u>831 E. BIG BEND</u>
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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.....
Signature of Student Embalmer

Signed *Harley R. Goeller Jr*
Licensed Embalmer No. *7950*
P. O. Address *J. P. Lane*

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.