

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10768**
Registrar's No. **2579**

FILED APR 12 1957

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri.		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 5110 Daggett Street., 1		e. STREET ADDRESS (If rural, give location) 2139 5110 Daggett Street.,	
3. NAME OF DECEASED (Type or Print) Joseph		a. (First) Joseph	b. (Middle) Montani
c. (Last) Montani		4. DATE OF DEATH (Month) (Day) (Year) March 14, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 24, 1883
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Park Dept	11. BIRTHPLACE (City and State or Foreign Country) Italy
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Giuliano Montani	
13b. MOTHER'S MAIDEN NAME Virginia Unknown		14. NAME OF HUSBAND OR WIFE Frances Montani	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil		16. SOCIAL SECURITY NO. 489-05-4542A	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frances Montani, 5110 Daggett Street.,
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General metastatic carcinoma INTERVAL BETWEEN ONSET AND DEATH 3 mos! ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Adenocarcinoma of pancreas 1 yr. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 157x	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Biopsy of tumor		20. AUTOPSY? 2 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)	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 1956 , to Mar 14, 1957 , that I last saw the deceased alive on 3-14, 1957 , and that death occurred at 4A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) L. K. Millikin M.D.		23b. ADDRESS 2608 S. Kingshighway	23c. DATE SIGNED 3-15/57
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-16-57	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri.
DATE REC'D BY LOCAL AG. MAR 15 57	REGISTRAR'S SIGNATURE J. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul C. Calcaterra, 5110 Daggett Street.,	

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

Form 1111

State of Missouri

Department of Health

Health Department

Division of Health

NAME	AGE	SEX	DATE OF DEATH	PLACE OF DEATH	CAUSE OF DEATH

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 *Elton H. Remelius*

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

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.