

FILED MAY - 8 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15053

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4006**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <b>Missouri</b> b. COUNTY			
b. CITY OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>St. John's Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>1390 2021 Hereford</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>		b. (Middle)		c. (Last) <b>Miriani</b>	
4. DATE OF DEATH <b>April 25, 1957</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>July 24, 1886</b>		9. AGE (In years last birthday) <b>70</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Bowling Alley</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Italy</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>Enrico Miriani</b>		13b. MOTHER'S MAIDEN NAME <b>Maria Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Margareta</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>487-22-6301A</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Margareta Miriani, 2021 Hereford</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u></b>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>157x</b>		III. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) <u>from</u></b> <b>DUE TO (c) <u>adeno-carcinoma of Rectum 3 yrs</u></b>	
19a. DATE OF OPERATION <b>9-13-54</b>		19b. MAJOR FINDINGS OF OPERATION <b>abd Perineal resection - adeno-carcinoma of Rectum</b>		20. AUTOPSY? <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input 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) m.		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 <b>9-7-54</b> to <b>4-25-57</b> , that I last saw the deceased alive on <b>4-24-57</b> , and that death occurred at <b>5:30 A.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Charles Montani M.D.</b>		23b. ADDRESS <b>5147 Daggett Ave</b>		23c. DATE SIGNED <b>4-25-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>4-29-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>		DATE REC'D BY LOCAL REG. <b>APR 26 57</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Calcaterra Funeral Home</b>		ADDRESS <b>5140 Daggett Ave.</b>			

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 *E. J. Remelux*

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.