

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 26 1957

15145  
STATE FILE NUMBER  
3526

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital		Length of stay in lb 6-days	d. STREET ADDRESS 3923 Lincoln Ave.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Vincent James Pirrone			4. DATE OF DEATH Month Day Year April 11 1957		
5. SEX M. <input type="checkbox"/> W. <input type="checkbox"/>	6. COLOR OR RACE W.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 13, 1897	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Month Day Hours Min. 9 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur- Scalise Fruit		10b. KIND OF BUSINESS OR INDUSTRY & Produce Co.		11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Labora Pirrone			14. MOTHER'S MAIDEN NAME Augustino Gelardi		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War # 1		16. SOCIAL SECURITY NO. 496-18-0203	17. INFORMANT Address Mrs. Catherine Pirrone, 3923 Lincoln Ave.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Left Cerebral Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Artery Thrombosis DUE TO (c) Cerebral Arteriosclerosis					INTERVAL BETWEEN ONSET AND DEATH 5 days 5 days indefinite
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Diabetes mellitus, Hypertension, Arteriosclerotic Heart Dis					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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.) 332x			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <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 5 April 1957 to 10 April and last saw <sup>him</sup> alive on 10 April 1957 Death occurred at 7:30 AM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Bluningham M.D.			22b. ADDRESS 216 So. Kings highway		22c. DATE SIGNED 11 April
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 15, 1957	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
24. GENERAL DIRECTOR Walter J. Donnelly		ADDRESS 3840 Lindell Blvd.		25. DATE RECD. BY LOCAL REG. APR 12 '57	26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. J.P.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

Health, & Welfare  
Public  
Service

5. 300  
7. 1-56

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Wm S. DeYer.....

Licensed Embalmer No. 46

P. O. Address 3849

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.