

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15560

State File No.

FILED APR 29 1957

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1015

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>		c. CITY OR TOWN <u>Wellston 43311</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>D.O.A.</u>		e. STREET ADDRESS (If rural, give location) <u>6743 Vernon Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>St. Louis Co. Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ARRIGO</u>	b. (Middle)	c. (Last) <u>RAGGIO</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>APR. 16 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>Widowed</u>	8. DATE OF BIRTH <u>July 29 1894</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months	IF UNDER 1 HOUR Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Italy</u>	12. CITIZEN OF WHAT COUNTRY? <u>yes</u>
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13a. FATHER'S NAME <u>Raggio</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give unit or dates of service) <u>yes W.W.# I</u>	16. SOCIAL SECURITY NO. <u>498-20-9577</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Humbert Raggio</u>	ADDRESS <u>6743 Vernon</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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u>	DUE TO (b) <u>Myocardial damage</u>	<u>Dec 14, 1956</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <u>Bundle Branch Block</u>	<u>Dec 14, 1956</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<u>Cardiac Dilatation</u>	<u>Dec 14, 1956</u>	
	<u>Pulmonary infarct</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>4/201</u>
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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?
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22. I hereby certify that I attended the deceased from Dec 14, 1956 to April 16, 1957, that I last saw the deceased alive on April 13, 1957, and that death occurred at 3:38 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Leo P. Fitzgerald M.D.</u>	(Degree or title)	23b. ADDRESS <u>6677 Delmar Blvd University City, Mo.</u>	23c. DATE SIGNED <u>April 16, 1957</u>
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24a. BURIAL, CREMATION, OR OTHER (Specify) <u>Removal</u>	24b. DATE <u>4/18/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-16-57</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Dombek M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>SULLIVAN'S</u>	ADDRESS <u>10428 Halls Ferry Rd</u>
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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 *Alfred Mayfield*

Licensed Embalmer No. 3075

P. O. Address

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.