

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57-022344
STATE FILE NO. 5640

FILED JUN 25 1957

318

1003

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY <input checked="" type="checkbox"/>		
1b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		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 Missouri Baptist Hospital		Length of stay in 1b 10 Days	STREET ADDRESS 5216 Wabada Ave. (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Rose Middle LaCari Last Bean			4. DATE OF DEATH Month 6 Day 15 Year 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 16, 1874		9. AGE (In years last birthday) 82
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Andrew LaCari			14. MOTHER'S MAIDEN NAME Catherine Taverna		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Mr. Vincent Repetto Address 5216 Wabada Av.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolism both lungs Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) pulmonary edema and pulmonary lobar pneumonia DUE TO (c) pneumonia PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 6/5/57
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.) 490x		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
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 St. Louis, Mo.		COUNTY STATE
21. I attended the deceased from June 5, 1957 to June 15, 1957 and last saw her alive on June 15, 57 Death occurred at 10:05A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Dresser or I.M.R.) <i>Fred. M. Seiber MD</i>			22b. ADDRESS 3201 Washington, St. Louis, Mo.		22c. DATE SIGNED 6/17/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 18, 1957	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
24. FUNERAL DIRECTOR Drehmann-Harral, 1905 Union Blvd.			25. DATE RECD. BY LOCAL REG. JUN 17 57		26. REGISTRAR'S SIGNATURE <i>J. Earl Smith MD</i>

(Licensed Embalmer's Statement on Reverse Side)

Use only black ink or ribbon typewrite if possible. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related. Doctor, coroner, etc. must use only standard nomenclature in item 18. Do not use abbreviations. Do not use "etc." in item 18. Do not use "and" in item 18. Do not use "or" in item 18. Do not use "at" in item 18. Do not use "on" in item 18. Do not use "in" in item 18. Do not use "of" in item 18. Do not use "the" in item 18. Do not use "a" in item 18. Do not use "an" in item 18. Do not use "the" in item 18. Do not use "of" in item 18. Do not use "in" in item 18. Do not use "on" in item 18. Do not use "at" in item 18. Do not use "by" in item 18. Do not use "with" in item 18. Do not use "without" in item 18. Do not use "by" in item 18. Do not use "with" in item 18. Do not use "without" in item 18. Do not use "by" in item 18. Do not use "with" in item 18. Do not use "without" in item 18.

Dr. Fred W. Teiber
3201 Washington
Hrs. 2-5

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 *Albert R. Thompson*

Licensed Embalmer No. *64*

P. O. Address *St. Joe*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.