

FILED JUL 16 1957

STANDARD CERTIFICATE OF DEATH

26592
State File No. 6077

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>6077</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>ST. LOUIS</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) <u>37 yrs</u>		a. STATE <u>MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>11 FIRMIN DES LOGE HOSP.</u>		c. CITY OR TOWN <u>4020 6 MOLINE ACRES</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		b. COUNTY <u>ST LOUIS</u>	
e. STREET ADDRESS (If rural, give location) <u>27 215 B 10015 MONARCH DR</u>		3. NAME OF DECEASED		4. DATE OF DEATH		5. AGE (In years last birthday)	
a. (First) <u>MARY</u>		b. (Middle) _____		c. (Last) <u>STALLONE</u>		(Month) (Day) (Year) <u>6 28 57</u>	
(Type or Print)		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Jan. 8, 1888</u>	
9. SEX <u>F</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SEAMSTRESS</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Garment. Ind.</u>		9. AGE (In years last birthday) <u>69</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Sicily</u>		12. CITIZEN OF WHAT COUNTRY? <u>United States</u>		13a. FATHER'S NAME <u>CARL BUSCEMI</u>		13b. MOTHER'S MAIDEN NAME <u>DESIMONE, NINA</u>	
14. NAME OF HUSBAND OR WIFE <u>JOHN STALLONE</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Anita Aiello (Daughter)</u>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				ADDRESS <u>8335 Osborn Dr.</u>	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infant, old and recent of legs thrombosis - occipital region - cerebral edema, left</u>				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>cerebral arteriosclerosis</u>					
		DUE TO (c) <u>Generalized arteriosclerosis</u>					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>332X</u> YES <input checked="" type="checkbox"/> NO <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)		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 <u>6/27</u> , 1957, to <u>6/28</u> , 1957, that I last saw the deceased alive on <u>6/28</u> , 1957, and that death occurred at <u>10a Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Peter John Soto Jr M.D.</u>				23b. ADDRESS <u>1325 1/2 Grand Blvd, St Louis</u>		23c. DATE SIGNED <u>6/28/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-1-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>JUL 1 57</u>		REGISTRAR'S SIGNATURE <u>J. Cash Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. M. King</u>		ADDRESS <u>1150 N. Kingshighway</u>	

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

Had blood smears (done) 1954

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 *Anthony J. Miceli*
Licensed Embalmer No. *427*
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.