

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 4 1957

33868

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8916**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS Mo</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>ST. LOUIS</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mo. BAPTIST Hospital</b>		Length of stay in lb		STREET ADDRESS <b>1606 HELEN</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>MIKE</b> Middle <b>MERCURIO</b> Last			4. DATE OF DEATH <b>SEPT. 20 1957</b> Month Day Year		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>SEPT. 25 1908</b> last birthday	9. AGE (In years last birthday) <b>48</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CHAUFFEUR</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Missouri</b>	
13. FATHER'S NAME <b>JOSEPH MERCURIO</b>			14. MOTHER'S MAIDEN NAME <b>ROSE SCALISA</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>486-28-0298</b>		17. INFORMANT Address <b>LENA Di MERCURIO 4212 HARRIS</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Rupture of aneurysm of posterior communicating branch of vertebral artery</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>artery</b> DUE TO (c) <b>330x</b>					INTERVAL BETWEEN ONSET AND DEATH <b>65 days</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Pulmonary Congestion</b>					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.)		
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 <b>Sept. 5, 1957</b> to <b>Sept 20, 1957</b> and last saw <b>him</b> alive on <b>Sept 20</b> Death occurred at <b>9:20</b> <b>a</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Madeline M. Holden Mrs</b>			22b. ADDRESS <b>3121 N. Grand</b>		22c. DATE SIGNED <b>9-23-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>SEPT. 24 1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEM.</b>	
23d. LOCATION (City, town, or county). <b>ST. LOUIS Mo</b>		23e. (Single)			
24. FUNERAL DIRECTOR ADDRESS <b>Thomas Kuter 2906 Gravois</b>		25. DATE RECD. BY LOCAL REG. <b>SEP 23 57</b>		26. REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

31214: Bureau  
J.E. S. 6900

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.....  
*Leaf Budde*

Licensed Embalmer No. 29

P. O. Address.....  
*St. Louis, Mo.*

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.