Health, Welfare Public Service

300
1-56

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED OCT 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 33987

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9130

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Louis — Inside Limits Yes X No ☐	c. CITY OR TOWN St.Louis — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St.John's Hospital — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 5201a Southwest — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: Richard	Middle: Joseph	Last: Pizzani	4. DATE OF DEATH	Month: Sept. Day: 28, Year: 1957
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Sept. 27,1957	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days 1 / Hours 16 / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): St.Louis,Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME: Abel Pizzani		14. MOTHER'S MAIDEN NAME: Josephine Serati			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.: None	17. INFORMANT: Abel Pizzani, 5201a Southwest	Address	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Prematurity (27 weeks gestation) — INTERVAL BETWEEN ONSET AND DEATH: 1 day 16 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) 77bX

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	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 9-27-57 to 9-28-57 and last saw ~~not~~ him alive on 9-28-57

Death occurred at 730 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Charles Montani, M.D. (Degree or title)	22b. ADDRESS: 5147 Daggett Ave	22c. DATE SIGNED: 9-29-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 10-1-57	23c. NAME OF CEMETERY OR CREMATORY: Resurrection Cemetery	23d. LOCATION (City, town, or county) (State): St.Louis Co.,Mo.
24. FUNERAL DIRECTOR — ADDRESS: Calcaterra Funeral Home,5140 Daggett Ave.		25. DATE RECD. BY LOCAL REG.: SEP 30 57	26. REGISTRAR'S SIGNATURE: J Carl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Paul C. Calcaterra
Lic Embalmer

Licensed Embalmer No.....

P. O. Address .....

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.