

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37340

STATE FILE NUMBER

FILED OCT 30 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9967

S. 300
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 <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 5506 Columbia		Length of stay in 1b 15 yrs.		d. STREET ADDRESS 5506 Columbia		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Antonio Middle Last DelPietro				4. DATE OF DEATH Month October Day 23 Year 1957				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 23, 1880		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Owner		10b. KIND OF BUSINESS OR INDUSTRY Tavern & Restaurant		11. BIRTHPLACE (City and state or country) Italy		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Carlo Del Pietro			13b. MOTHER'S MAIDEN NAME Martha Unknown			14. NAME OF HUSBAND OR WIFE Marina DelPietro		
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. Unknown		17. INFORMANT Address Marina DelPietro, 5506 Columbia				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease coronary arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.0						INTERVAL BETWEEN ONSET AND DEATH 2 YRS. 2 YRS.		
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 a.m. p.m.								
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 8/20/57 to 10/23/57 and last saw him alive on 10/22/57 Death occurred at 1:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Stanley W. Wald, M.D. (degree or title)				22b. ADDRESS 457 N. Kingshighway		22c. DATE SIGNED 10/23/57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-25-57		23c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
24. FUNERAL DIRECTOR Calcaterra Funeral Home, 5110 Daggett Ave.				25. DATE RECD. BY LOCAL REG. OCT 24 '57		26. REGISTRAR'S SIGNATURE Carl Smith Mo mgs		

X St. Louis X St. Louis
 X 2500 Columbia 12 yrs. 2500 Columbia
 October 23, 1957 Delictorio Antonio
 77 July 23, 1980 X White Male
 U.S. Italy Tavern & Restaurant Retired Owner
 Marina Delictorio Unknown Martha Unknown Carlo Delictorio
 Marina Delictorio, 2500 Columbia Unknown Unknown

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 *Jam B. Binkley*
 Licensed Embalmer No. 3653
 P. O. Address St. Louis 8 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.