

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

87399

FILED NOV 15 1957

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9966**

300
1-57

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.		c. CITY OR TOWN St. Louis.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
38 FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute City Hospital DOA		Length of stay in lb d. STREET ADDRESS # 11 No. 6th St.	
3. NAME OF DECEASED (Type or print) First Angelo Middle Last Fadon		4. DATE OF DEATH Month Oct. Day 24, Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH ?? About 1883
9. AGE (In years at birthday) 74?		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dishwasher	11. BIRTHPLACE (City and state or country) Italy
10b. KIND OF BUSINESS OR INDUSTRY Restaurant		12. CITIZEN OF WHAT COUNTRY? No.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Nil.		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. Nil.		17. INFORMANT Nick Ferido, 208 No. 6th St. Address	
18. CAUSE OF DEATH (Enter only one cause for line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage 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)			INTERVAL BETWEEN ONSET AND DEATH 33 1/2
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ a.m. _____ p.m. _____ Month, Day, Year _____	
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 _____ to _____ and last saw her/him alive on _____ Death occurred at 1009 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Patrick F. Taylor Carson (Degree or title)		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 10-24-57		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 10-28-57		23c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery	
23d. LOCATION (City, town, or county) St. Louis, Mo.		(State)	
24. FUNERAL DIRECTOR Albert H. Hoppe ADDRESS 4700 Washington, Blvd.		25. DATE RECD. BY LOCAL REG. OCT 24 '57	
26. REGISTRAR'S SIGNATURE Carl Smith MO m 813			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

X St. Louis
 X 11 No. 6th St.
 Oct. 21, 1937
 X
 1833 About 1833
 1st St.
 Unknown
 Unknown
 208 No. 6th St.
 St. Louis
 X St. Louis
 X 11 No. 6th St.
 Oct. 21, 1937
 X
 1833 About 1833
 1st St.
 Unknown
 Unknown
 208 No. 6th St.
 St. Louis

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 *Sam W. Wickman*

Licensed Embalmer No. 3575

P. O. Address St. Louis

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.

Albert H. Hope 1700 Washington Blvd