

FILED NOV 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37415

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003**

Registrar's **10322**

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, MO.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1.		Length of stay in lb #1.		d. STREET ADDRESS (If outside, give location) 3545 Arsenal St.	
3. NAME OF DECEASED (Type or print) LEOPOLD FINAZZO			4. DATE OF DEATH Month NOV. Day 1, 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 June 13, 1898	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Repair		10b. KIND OF BUSINESS OR INDUSTRY Own Shop		11. BIRTHPLACE (City and state or country) Italy	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Giovanni Finazzo		13b. MOTHER'S MAIDEN NAME Ida Agrusa	
14. NAME OF HUSBAND OR WIFE Nil.		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes		16. SOCIAL SECURITY NO. 2	
17. INFORMANT Joe Evola 2531 Warren St.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EDEMA		INTERVAL BETWEEN ONSET AND DEATH 36 HRS.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) PULMONARY EMBOLISM, SUSPECTED.			
		DUE TO (c) RHEUMATIC HEART DISEASE WITH MITRAL STENOSIS AND AURICULAR FIBRILLATION.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) TABES DORSALIS (SUSPECTED)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		410XB	
20a. ACCIDENT- SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <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 10/30/57 to 11/1/57 and last saw her him alive on 11/1/57 Death occurred at 5:05 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Robert F. Owen, M.D. (Degree or title)		22b. ADDRESS 1515 LAFAYETTE AVE.		22c. DATE SIGNED 11/1/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11-1-57		23c. NAME OF CEMETERY OR CREMATORY Local Cemetery	
23d. LOCATION (City, town, or county) DuQuoin, Illinois. (State)					
24. FUNERAL DIRECTOR Albert H. Hoppe 4700 Washington, Blvd.		25. DATE RECD. BY LOCAL REG. NOV 1 57		26. REGISTRAR'S SIGNATURE Carl Smith	

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.

1003 978

MISSOURI

X St. Louis, Mo. X

St. Louis, Mo. X

June 13, 1888 X

U.S.A. Own Shop State

Govt. Hospital

St. Louis, Mo. X

St. Louis, Mo. X

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 Elton H. Remick

Licensed Embalmer No. 4283

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.

Albert H. Hope 1000 Washington Blvd.