

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 20 1957

State File No. 46847

BIRTH NO. _____		REG. DIST. NO. 312		PRIMARY REG. DIST. NO. 500		Registrar's No. 2922			
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY St. Louis	
b. CITY OR TOWN Manchester			c. LENGTH OF STAY (in this place) 5 years		c. CITY OR TOWN Manchester 4000			d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 1 Box 42 Henry Road				e. STREET ADDRESS (If rural, give location) Route 1 Box 42 Henry Road					
3. NAME OF DECEASED (Type or Print) Louise		a. (First)		b. (Middle) M		c. (Last) MASSA		4. DATE OF DEATH (Month) (Day) (Year) Nov. 25th. 1957	
5. SEX F.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 11-26-1890		9. AGE (In years last birthday) 66	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house-wife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Ivo Ghiglione			13b. MOTHER'S MAIDEN NAME Marie Mazza			14. NAME OF HUSBAND OR WIFE Anthony B. Massa			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		(If yes, give war or dates of service) no		INFORMANT'S SIGNATURE OR NAME Anthony B. Massa			ADDRESS Henry Rd. Manchester, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH 2 min	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac arrest							
		ANTECEDENT CAUSES							
		*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b) Coronary arteriosclerosis							
		DUE TO (c) 4201							
		II. OTHER SIGNIFICANT CONDITIONS							
		Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 11/25, 1957 to _____, 19____, that I last saw the deceased reside in the above place, and that that death occurred at 9:50A m. , from the causes and on the date stated above.									
23a. SIGNATURE Robert J. Beetz (Degree or title) MD				23b. ADDRESS 706 N. Clay Kirkwood 22 Mo				23c. DATE SIGNED 11/25/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-28-1957		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Missouri			
DATE REC'D BY LOCAL REG. 11-26-57		REGISTRAR'S SIGNATURE Robert B. Dombrowski		FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly		ADDRESS 3846 Lendell Blvd.			

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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 *Francis Williams*

Licensed Embalmer No. *3565*

P. O. Address *3840 Ginde*

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.