

FILED JAN 23 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3518  
STATE FILE NUMBER  
479

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **479**

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Missouri</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Faith Hospital</b>		Length of stay in 1b	d. STREET ADDRESS <b>5952 DeGiverville</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Theresa Elizabeth Rosarno</b>			4. DATE OF DEATH Month Day Year <b>Jan. 13 1958</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 12 1912</b>	9. AGE (In years) <b>45</b> (birthday)	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>ownhouse</b>	11. BIRTHPLACE (City and state or country) <b>Italy</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Russell Amato</b>		13b. MOTHER'S MAIDEN NAME <b>Rosa Bellia</b>		14. NAME OF HUSBAND OR WIFE <b>Anthony</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>488-44-5347</b>	17. INFORMANT Address <b>Tony Rosarno 5952 DeGiverville</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>acute yellow atrophy liver</b> <b>acute yellow atrophy liver</b> <b>necrosis, acute, of liver cells</b> <b>necrosis, acute, of liver cells</b> 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 <b>2 weeks</b> <b>2 weeks</b>
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.) <b>---</b>		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>---</b>		
20e. CITY, TOWN, OR LOCATION COUNTY STATE			20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. Deceased from <b>Jan 2 1958</b> to <b>Jan 13 1958</b> and last saw her alive on <b>Jan 13 1958</b> Death occurred at <b>11:00 AM Jan 13 1958</b> at on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Samuel D. Katz</b> (Degree or title) <b>M.D.</b>			22b. ADDRESS <b>730 Hadramont, St. Louis</b>		22c. DATE SIGNED <b>Jan 14 1958</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>Jan 16, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Erie Penn.</b>
24. FUNERAL DIRECTOR <b>Miceli &amp; sons</b> ADDRESS <b>1150 N. Kingshighway</b>		25. DATE RECD. BY LOCAL REG. <b>JAN 15 '58</b>		26. REGISTRAR'S SIGNATURE <b>Carl Smith</b> <b>mjs</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standards nomenclature in item 18. No symptoms or conditions mentioned in Part I must be causally related.

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 *Elmer R. Gendevell*

Licensed Embalmer No. *4077*

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.