Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-007577
STATE FILE NUMBER

FILED MAR 7 - 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2406

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 2062 East DeSoto Ave. — Length of stay in 1b 1 Year

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 2062a East DeSoto Ave. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First MARY Middle ROSE Last MILITANO

4. DATE OF DEATH Month February Day 25, Year 1958

5. SEX Female
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH April 23, 1877
9. AGE (In years last birthday) 80 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (City and state or country) -------- Italy
12. CITIZEN OF WHAT COUNTRY? Italy

13a. FATHER'S NAME Marion Finocchiaro
13b. MOTHER'S MAIDEN NAME Mary Tuscano
14. NAME OF HUSBAND OR WIFE Salvatore Militano

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mr. Salvatore Militano — Address 2062a East DeSoto Ave

MEDICAL CERTIFICATION

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 cerebral cardiovasc dis — INTERVAL BETWEEN ONSET AND DEATH died instantly
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 422.1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 [ ] NOT WHILE AT WORK [ ]
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 6-12-48, to 2-25-58 and last saw her alive on 2-12-58
Death occurred at 10:15 P.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wayne O Gorla MD
22b. ADDRESS 100 No. Euclid
22c. DATE SIGNED 2-27-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Entombment
23b. DATE Feb. 28, 1958
23c. NAME OF CEMETERY OR CREMATORY Calvary Mausoleum
23d. LOCATION (City, town, or county) St. Louis, (State) Missouri

24. FUNERAL DIRECTOR Math Hermann & Son, Inc., ADDRESS 2161 E. Fair
25. DATE RECD. BY LOCAL REG. FEB 27 '58
26. REGISTRAR'S SIGNATURE Carl Smith MD MGB

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases 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 Clement M. Neary

Licensed Embalmer No. 3732

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.