

STANDARD CERTIFICATE OF DEATH

58-007745
State No. 2102
Registrar's No.

FILED MAR 5 - 1958

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give town or town) <i>St Louis Mo</i>		b. COUNTY <i>Mo</i>	
c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <i>St Louis</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <i>Old Faith Hospital</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <i>Antonino</i>		a. STATE <i>Mo</i>	
b. (Middle) <i>Tony</i>		b. COUNTY	
c. (Last) <i>Ruffino</i>		c. CITY OR TOWN <i>St Louis</i>	
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>12-29-83</i>	
9. AGE (In years last birthday) <i>74</i>		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Candy Maker</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Chase Candy Co.</i>	
11. BIRTHPLACE (City and State or Foreign Country) <i>Italy</i>		12. CITIZEN OF WHAT COUNTRY? <i>Yes</i>	
13a. FATHER'S NAME <i>Girolomo Ruffino</i>		13b. MOTHER'S MAIDEN NAME <i>Pearl</i>	
14. NAME OF HUSBAND OR WIFE <i>Grace Ruffino</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	
16. SOCIAL SECURITY NO. <i>No</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Jerome Ruffino 5503 Alcott Str</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pneumonitis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <i>Arteriosclerotic H. disease</i>	
DUE TO (c) <i>congestive Heart failure</i>		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death. <i>420-D</i>		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Minute)	
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 <i>Feb 16</i> , 1958, to <i>Feb 19</i> , 1958, that I last saw the deceased alive on <i>Feb 19</i> , 1958 and that death occurred at <i>1:54 P.M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Joseph Scipio M.D.</i>		23b. ADDRESS <i>5501A St Louis Ave</i>	
23c. DATE SIGNED <i>2/21/58</i>		24a. BURIAL CREMATION, REMOVAL (Specify) <i>Burial</i>	
24b. DATE <i>2-22-58</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>	
24d. LOCATION (City, town, or county) (State) <i>St Louis Mo</i>		DATE REC'D BY LOCAL REG. <i>FEB 21 1958</i>	
REGISTRAR'S SIGNATURE <i>Paul Smith, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>JOHN STYGAR & SON - 5541 RIVERVIEW BLVD.</i>	

WRITE PLAINLY—USING UNFADING 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.....
J. W. Rister

Licensed Embalmer No. *398*

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.