

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-012643  
STATE FILE NUMBER

FILED MAR 18 1958

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 728

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Heights</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Richmond Heights</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>7726 West Ranken</u>		d. STREET ADDRESS <u>7726 West Ranken</u>	Length of stay in 1b <u>22 YRS</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Frank</u> Middle <u>Giacopelli</u> Last <u></u>	4. DATE OF DEATH Month <u>March</u> Day <u>10</u> Year <u>1958</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 26, 1895</u>	9. AGE (In years) <u>62</u> IF UNDER 1 YEAR Months <u></u> Days <u></u> Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Caretaker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Janitorial</u>	11. BIRTHPLACE (City and state or country) <u>Palermo Italy</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Peter Giacopelli</u>	13b. MOTHER'S MAIDEN NAME <u>Petrina Vitale</u>	14. NAME OF HUSBAND OR WIFE <u>Lena Giacopelli</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>488-18-1340</u>	17. INFORMANT <u>Lena Giacopelli</u> Address <u>7726 West Ranken</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Anterior Myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>20 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cortero-sclerotic heart disease</u> DUE TO (c) <u>H200</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> o.m. <u></u> p.m. <u></u>	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 <u></u> STATE <u></u>
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21. I attended the deceased from <u>Feb. 1956</u> to <u>Mar. 10 1958</u> and last saw <u>him</u> alive on <u>Mar. 5, 1958</u> Death occurred at <u>10:45</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>P. E. Williamson M.D.</u> (Degree or title)	22b. ADDRESS <u>6336 Clayton Road</u>	22c. DATE SIGNED <u>3/11/58</u>
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23a. BURIAL, CREMATION, REINTERMENT <u>Buried</u>	23b. DATE <u>March 13, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u>
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24. FUNERAL DIRECTOR <u>Miceli &amp; Sons</u> ADDRESS <u>1150 N. Kingshighway</u>	25. DATE RECD. BY LOCAL REG. <u>3-12-58</u>	26. REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>
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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.

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 *Robert M Murray* .....

Licensed Embalmer No. *37498* .....  
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.