

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-016712

STATE FILE NUMBER

FILED MAY 12 1958

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1239

1. 300  
1-57  
002  
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1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis Clayton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Venita Park</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>DOA STL County Hosp</b>		Length of stay in lb <b>DOA</b>	d. STREET ADDRESS (If outside, give location) <b>8243 Midland</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Nick</b> Middle <b>C</b> Last <b>Petrillo</b>			4. DATE OF DEATH Month <b>5</b> Day <b>4</b> Year <b>58</b>		
5. SEX <b>Male</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>June 18, 1887</b>	9. AGE (In years birthday) <b>70</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>4</b> Hours <b>58</b> IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>		11. BIRTHPLACE (City and state or country) <b>Italy</b>	
13a. FATHER'S NAME <b>Dominick Petrillo</b>			13b. MOTHER'S MAIDEN NAME <b>Maria Cusamelli</b>		14. NAME OF HUSBAND OR WIFE <b>Jennie</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give dates of service) <b>Yes WW# 1</b>		16. SOCIAL SECURITY NO. <b>488-09-3201A</b>		17. INFORMANT <b>Jennie Petrillo</b> Address <b>8243b Midland</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>Unknown Natural Causes</b>					INTERVAL BETWEEN ONSET AND DEATH <b>week</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) _____					
DUE TO (c) _____ <b>7954</b>					
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.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT WORK <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 _____ STATE _____	
21. I attended the deceased from _____ to _____ and last saw <sup>her</sup> <sub>him</sub> alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Herbert A. Domke, MD, Local Registrar</b>			22b. ADDRESS <b>651 S. Brentwood, Clayton, Mo.</b>		22c. DATE SIGNED <b>5/8/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>5/7/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>calvary</b>		23d. LOCATION (City, town, or county) <b>St. Louis, Mo</b> (State)
24. FUNERAL DIRECTOR <b>Miceli 1150 N. Kingshiway</b>		25. DATE RECD. BY LOCAL REG. <b>5-6-58</b>		26. REGISTRAR'S SIGNATURE <b>Herbert A. Domke MD</b>	

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 *Anthony Mendi* .....

Licensed Embalmer No. *4277* .....  
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.