

Health & Welfare Public Service
 300
 1-57
 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.
 #3,8,11,13a,14 amended by Son's Aff, decedent's Italian birth record & Mother's MO birth record 11/26/13
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-019918
 STATE FILE NUMBER

FILED MAY 29 1958
 Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5395**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1419 N 18 th		Length of stay in lb 3 yrs 2 259	d. STREET ADDRESS (If outside, give location) 1419 N. 8 th Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Michele Michael Lumetta		First Middle Last	4. DATE OF DEATH Month 5 Day 21 Year 58
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2/1895 11/3/1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) operated cafeteria		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years) Months 62 Days Hours Min.
11. BIRTHPLACE (City and state or country) Italy Partinico		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Giuseppe Joseph Lumetta		13b. MOTHER'S MAIDEN NAME Maria Amato	14. NAME OF HUSBAND OR WIFE Theresa Pauline Keathley
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give branch or date of service) Yes WW # 1		16. SOCIAL SECURITY NO. 489-14-4229	17. INFORMANT Address Theresa Lumetta 1419 N 8 th
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of right lung with extension to chest wall DUE TO (b) with extension to chest wall DUE TO (c) PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)-(c) 163x			INTERVAL BETWEEN ONSET AND DEATH 1 year
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.			
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 Death occurred at 4A to 5-21-58 and last saw her alive on 5-17-58 on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE G. Lynn Krause (Degree or title) M.D.		22b. ADDRESS V.A. Cochran Hosp V.A. Cochran Hospital 915 Northward Mo-21-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/23/58	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) (State) Jefferson Brks Mo
24. FUNERAL DIRECTOR ADDRESS Miceli 1150 N. Kingshiway		25. DATE RECD. BY LOCAL REG. MAY 22 58	26. REGISTRAR'S SIGNATURE J. Carl Smith Mo

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 Elton R. Remelick

Licensed Embalmer No. 4283

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.