THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-020039
STATE FILE NUMBER 4814

FILED MAY 19 1958

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

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI 0 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL 04 — Length of stay in 1b 3 Weeks 27

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY 87 ST. LOUIS
c. CITY OR TOWN LEMAY 4870 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 306 W. ARLEE AVENUE — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First CHRISTINE Middle NMN Last PIVA

4. DATE OF DEATH Month MAY Day 5 Year 1958

5. SEX FEMALE 1
6. COLOR OR RACE WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH February 12, 1909
9. AGE (In years last birthday) 49 — 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) HOUSEWORK
10b. KIND OF BUSINESS OR INDUSTRY AT HOME
11. BIRTHPLACE (City and state or country) ITALY 5
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME UNKNOWN
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND OR WIFE LEO

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. 489-22-4898
17. INFORMANT LEO PIVA Address 306 W. ARLEE AVENUE, LEMAY, MO.

MEDICAL CERTIFICATION

Corr. by Aff. 6/10/1958 AB

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	CARDIAC ARREST	2 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	ELECTRIC SHOCK THERAPY	10 DAYS
DUE TO (c)	PSYCHOTIC DEPRESSIVE REACTION	FEW MONTHS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 309 x

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 APRIL 14, 1958, to MAY 5, 1958 and last saw her/him alive on MAY 5, 1958
Death occurred at 9:20 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. Vemillion, M.D. (Degree or title) M. D.
22b. ADDRESS BARNES HOSPITAL
22c. DATE SIGNED 5/5/58

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE MAY ~~6~~ 12, 1958
23c. NAME OF CEMETERY OR CREMATORY MT. OLIVE CEMETERY
23d. LOCATION (City, town, or county) (State) LEMAY, MISSOURI

24. FUNERAL DIRECTOR C. HOFFMEISTER MORTUAIRES ADDRESS 7814 SO. BROADWAY ST. LOUIS, MO.
25. DATE RECD. BY LOCAL REG. MAY 6 '58
26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.

(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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broo

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.