

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020392
STATE FILE NUMBER

FILED JUN 9 1958 Registration District No. 317 Primary Registration District No. 543 Registrar's No. 1406

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jennings		c. CITY OR TOWN Jennings 4148	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5402 Hamilton		d. STREET ADDRESS (If outside, give location) 5402 Hamilton	

3. NAME OF DECEASED (Type or print) First Joseph Middle Saullo Last Saullo			4. DATE OF DEATH Month 5 Day 23 Year 58		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 18 1885	9. AGE (In years (In birthday) 72)	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) Laborer	10b. KIND OF BUSINESS OR OCCUPATION Metal Elect	11. BIRTHPLACE (City and state or country) Italy	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Stanley Saullo	13b. MOTHER'S MAIDEN NAME Vita Manna	14. NAME OF HUSBAND OR WIFE Vera
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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)	16. SOCIAL SECURITY NO. 492-01-4711	17. INFORMANT Frank Saullo 9120 Bessmer Brkly	Address
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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) Generalized Metastatic Carcinoma Primary Lesion Pulmonary DUE TO (b) Unknown 165x DUE TO (c) Unknown 165x		INTERVAL BETWEEN ONSET AND DEATH 6 months ?
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Acute Cardiac Decompensation		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 8:15 a.m. AM 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
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21. I attended the deceased from Death occurred at 3-24-57 to 5-22-58 and last saw him alive on 5/22/58 8:15 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) MD	22b. ADDRESS 3861 ST. LOUIS AVE ST. LOUIS MO	22c. DATE SIGNED 5/27/58
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23a. BURIAL, CREMATION BURIAL	23b. DATE 5/26/58	23c. NAME OF CEMETERY OR CREMATORY Memorial Park	23d. LOCATION (City, town, or county) St. Louis, Mo (State)
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24. FUNERAL DIRECTOR Miceli 1150 N. Kingshiway ADDRESS	25. DATE RECD. BY LOCAL REG. 5-26-58	26. REGISTRAR'S SIGNATURE [Signature]
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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St. Louis

Examiner

Examiner

Notary Public

Notary Public

22 23

Office

Office

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Notary Public

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 Mueli*

Licensed Embalmer No. 427

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.

Notary Public