Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-020430
STATE FILE NUMBER

FILED MAY 28 1958

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1339

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) ~~Clayton, Missouri~~ RICHMOND HGTS. Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 33 St. Mary's Hosp. 0 Length of stay in 1b 6 WKS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis 4148 0 Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 5447 Helen Ave. Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Daniel ~~David~~ Middle Anthony Last Durso
4. DATE OF DEATH Month May Day 17 Year 1958
5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ () DIVORCED ☐
8. DATE OF BIRTH Oct. 4, 1909
9. AGE (In years last birthday) 48 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) Milliner
10b. KIND OF BUSINESS OR INDUSTRY Millinery
11. BIRTHPLACE (City and state or country) Rose Bank, New York.
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 Never Married
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. II
16. SOCIAL SECURITY NO. 497-07-2484
17. INFORMANT Pete Durso, Address 5447 Helen Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) acute coronary infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Previous attack
DUE TO (c) 4201
INTERVAL BETWEEN ONSET AND DEATH Immediate 3 wks prior
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pericarditis
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

Corrected by affidavit 5/29/58

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 14-58, to May 17th 58 and last saw ~~her~~ him alive on 5/18/58
Death occurred at 3:40 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Lomas C Andrade M.D. 0
22b. ADDRESS 4660 Maryland Ave
22c. DATE SIGNED 5/20/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 5-20-1958
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) St. Louis (State) Missouri

24. FUNERAL DIRECTOR JOHN STYGAR & SON — ADDRESS 5541 RIVERVIEW BLVD.
25. DATE RECD. BY LOCAL REG. 5-19-58
26. REGISTRAR'S SIGNATURE Herbert R. Domke M.D.

(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 Lawrence O. Beck

Licensed Embalmer No. 4979

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.