

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024102
STATE FILE NUMBER

FILED JUL 11 1958 Registration District No. 317 Primary Registration District No. 590 Registrar's No. 168

300
1-57

A

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Berkley		c. CITY OR TOWN Pattonville 40002	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hubbards Home		d. STREET ADDRESS (If outside, give location) Box 54-Elrath Ave.	

3. NAME OF DECEASED (Type or print) First John Middle LaRocca Last LaRocca			4. DATE OF DEATH Month 6 Day 21 Year 58		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 19, 1885	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Produce		10b. KIND OF BUSINESS OR INDUSTRY Produce		11. BIRTHPLACE (City and state or country) Italy	
12. CITIZEN OF WHAT COUNTRY? U. S. A.					

13a. FATHER'S NAME Antonino LaRocca		13b. MOTHER'S MAIDEN NAME Antionette Mantalbano		14. NAME OF HUSBAND OR WIFE Maria	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 497-10-0909		17. INFORMANT Address Vito LaRocca, Elrath, Ave.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ch. Myocarditis (Catheris-Ischemis) 4221H			INTERVAL BETWEEN ONSET AND DEATH 2 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma Prostate			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. _____					
20d. INJURY OCCURRED WHILE AT <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 May 1, 1957 to June 21, 1958 last saw him alive on June 21, 1958 Death occurred at 12:40 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Thomas A. Miller M.D.		22b. ADDRESS 8924 St. Charles St. St. Louis 14, Mo.		22c. DATE SIGNED 6/23/58	
23a. BURIAL, CREMATION, REMOVAL Removal		23b. DATE 6/23/58		23c. NAME OF CEMETERY OR CREMATORY Calvary	
23d. LOCATION (City, town, or county) (State) St. Louis, Mo.					

24. FUNERAL DIRECTOR Miceli		ADDRESS 1150 No. Kingshighway		25. DATE RECD. BY LOCAL REG. 6/24/58		26. REGISTRAR'S SIGNATURE Herbert A. Donke	
---------------------------------------	--	---	--	--	--	--	--

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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. R. Amelie*

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.