Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-024123
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1623

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY OR TOWN JEFFERSON BARRACKS 23, MO. Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) VETERANS ADM. HOSPITAL Length of stay in 1b 59 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE ILLINOIS b. COUNTY MACOUPIN
c. CITY OR TOWN BENLD 8120 S Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 103 S. 7th STREET Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First LOUIS Middle (NMI) Last CARPANI

4. DATE OF DEATH Month JUNE Day 15 Year 1958

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH SEPT. 7, 1918

9. AGE (In years last birthday) 39 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) COAL MINER & LABORER

10b. KIND OF BUSINESS OR INDUSTRY MINING & STEEL MILL

11. BIRTHPLACE (City and state or country) BENLD, ILLINOIS

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME ANTONIO CARPANI

13b. MOTHER'S MAIDEN NAME ISOLA VENTURI

14. NAME OF HUSBAND OR WIFE ELLEN CARPANI

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW-II

16. SOCIAL SECURITY NO. 327187285

17. INFORMANT VA HOSPITAL RECORDS, JEFF BRKS, 23, MO. Address

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

MEDICAL CERTIFICATION

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)	CEREBRAL HEMORRHAGE	14 HOURS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	DIABETES MELLITUS	5 YEARS
DUE TO (c)	HYPERTENSIVE CARDIOVASCULAR DISEASE 260X	5 YEARS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
INTERCAPILLARY GLOMERULOSCLEROSIS 5 YEARS

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

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 VA attended the deceased from 4-17-58 to 6-15-58
Death occurred at 2:10AM 6-15-58 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. Oppler (Degree or title) M.D.
W. OPPLER, M.D. Director Professional Services, Vet Adm Hosp, Jeff Brks

22b. ADDRESS

22c. DATE SIGNED Mo. 6-16-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 6/16/58

23c. NAME OF CEMETERY OR CREMATORY Benld, Ill

23d. LOCATION (City, town, or county) (State) Benld, Ill

24. FUNERAL DIRECTOR Edward Fendler ADDRESS 5611 South Grand Blvd.

25. DATE RECD. BY LOCAL REG. 6-16-58

26. REGISTRAR'S SIGNATURE Herbert R. Donke M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 Hadley F. Koeller Jr

Licensed Embalmer No. 4950

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.