

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031041

STATE FILE NUMBER

FILED SEP 8 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8299

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7510 Reilly		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 2019⁰ 7510 Reilly Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ROSE Middle Last TISATO			4. DATE OF DEATH Month Aug. Day 26 Year 1958
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 15, 1873
9. AGE (In years last birthday) 85		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 S USA
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE (deceased) Anthony		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes give year or dates of service) No None	16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Sarah Garziera 7510 Reilly		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocardial decompensation arteriosclerotic heart disease.			INTERVAL BETWEEN ONSET AND DEATH 2 mos. 7 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			420-0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 Month, Day, Year 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.) 1952	20f. CITY, TOWN, OR LOCATION COUNTY STATE death 23 August 58
21. I attended the deceased from 2 Am. 8 26 58 to death and last saw her alive on 23 August 58 Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deed or type) John G. Kellett M.D.		22b. ADDRESS 2314 Telegraph R^U.	22c. DATE SIGNED 8 26 58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8/29/58	23c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery
23d. LOCATION (City, town, or county) (State) Lemay Mo.			
24. FUNERAL DIRECTOR Fendler Und. Co. 7420 Michigan		25. DATE RECD. BY LOCAL REG. AUG 27 '58	26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. S.P.

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.

Dr. John K. Kelleth - 11th 5 P.M. - Phoenix.
 2314 Telegraph Rd.

STATE OF ARIZONA
 DEPARTMENT OF HEALTH
 DIVISION OF PUBLIC HEALTH
 PHOENIX, ARIZONA

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 *W. G. Peterson*

Licensed Embalmer No. *3767*
 P. O. Address *7420 Mich*

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.