Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH 61083-58

58-031277

STATE FILE NUMBER

FILED AUG 28 1958 Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2105

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmonds Heights — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 33 St. Mary's Hospital — Length of stay in 1b 8 1/2 HRS. 2U 39

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY ~~St. Louis~~
c. CITY OR TOWN St. Louis (9) — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 6719 Odell — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Baby Boy "B" Middle Corso Last

4. DATE OF DEATH Month 8 Day 11 Year 58

5. SEX M
6. COLOR OR RACE W
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 8-11-58
9. AGE (In years last birthday) NB — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours 8 Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) St. Louis, Mo (9)
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Salvatore Corso
14. MOTHER'S MAIDEN NAME Kaltenbach

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. NONE
17. INFORMANT Salvatore Corso Address 6719 Odell

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) Atelectasis of Lungs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Prematurity
DUE TO (c) 762.5
INTERVAL BETWEEN ONSET AND DEATH

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 ☒ 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 attended the deceased from 4:10 PM, to and last saw her/him alive on
Death occurred at 4:10 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Jerome T. Y. Stern MD
22b. ADDRESS 1695 S. Brentwood
22c. DATE SIGNED Aug 11 58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Aug 12-58
23c. NAME OF CEMETERY OR CREMATORY Resurrection
23d. LOCATION (City, town, or county) St Louis County (State) Mo

24. FUNERAL DIRECTOR Miseli & Sons ADDRESS 1150 N Kingshighway
25. DATE RECD. BY LOCAL REG. 8-12-58
26. REGISTRAR'S SIGNATURE Herbert R. Domke 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 em

by me, or by Not Embalmed, Student Embalmer No.

working under my personal supervision..

Student
Signature of Student Embalmer

Signed Anthony J. Miceli

Licensed Embalmer No. 27

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.