Health, & Welfare Public Service

. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035045
STATE FILE NUMBER

FILED OCT 6 1958 Registration District No. 317 Primary Registration District No. 590 Registrar's No. 2516

1. PLACE OF DEATH
a. COUNTY ST Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Shrewsberry — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 5124 Lenox — Length of stay in 1b 9 Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY ST Louis
c. CITY OR TOWN Shrewsberry 4561 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 5124 Lenox — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Nick Middle M. Last Ippolito

4. DATE OF DEATH Month Sept Day 29th Year 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Oct. 28, 1916
9. AGE (In years last birthday) 41 — 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) Maintainance Man
10b. KIND OF BUSINESS OR INDUSTRY Giraldin Bros.
11. BIRTHPLACE (City and state or country) Naples, Italy 5
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Nicola Ippolito
13b. MOTHER'S MAIDEN NAME Angela Ammaccapane
14. NAME OF HUSBAND OR WIFE Clara Ippolito

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War #2
16. SOCIAL SECURITY NO. 493-05-5342
17. INFORMANT Clara Ippolito Address 5124 Lenox

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) Multiple Myeloma — INTERVAL BETWEEN ONSET AND DEATH 21 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 20.3 X
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 [X] 2

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 12/22/56 to 9/29/58 and last saw her/him alive on 9/28/58
Death occurred at 5:00 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. C. Seabaugh M.D.
22b. ADDRESS Webster Groves Mo.
22c. DATE SIGNED 9/30/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Oct. 2, 1958
23c. NAME OF CEMETERY OR CREMATORY National Cemetery
23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.

24. FUNERAL DIRECTOR ADDRESS Fendler Und. Co. 7420 Michigan Ave
25. DATE RECD. BY LOCAL REG. 9-30-58
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.

Dr O D Seabaugh
105 N. Lockwood
No 1-5002

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.