Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035093
STATE FILE NUMBER

FILED OCT 15 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2549

1. PLACE OF DEATH
a. COUNTY: St.Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Normandy — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 37 Charles 1 — Length of stay in 1b: 3 wks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: St Louis
c. CITY OR TOWN: ~~St.Louis~~ 4000 c — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): 1232 Mead Dr — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: Maria — Middle: — Last: Indelicato

4. DATE OF DEATH: Month: Oct — Day: 2 — Year: 1958

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH: 1-31-1874
9. AGE (In years last birthday): 84 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ownhouse
11. BIRTHPLACE (City and state or country): Italy 5
12. CITIZEN OF WHAT COUNTRY? Italy

13a. FATHER'S NAME: Vincent Marzullo
13b. MOTHER'S MAIDEN NAME: Josephine unk
14. NAME OF HUSBAND OR WIFE: decd

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.: no
17. INFORMANT: Joseph Indelicato — Address: 915 Olive

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) Chronic Myocarditis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arterio-Sclerosis, Senility
DUE TO (c) 4221
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 [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 Sept 15-58 to Oct 2-58 and last saw her/him alive on Oct 2-58
Death occurred at 5 80 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [illegible] (Degree or title) MD
22b. ADDRESS: 4439 N Newstead
22c. DATE SIGNED: Oct 3 58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct 6 58
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): St.Louis, Mo

24. FUNERAL DIRECTOR: Miceli — ADDRESS: 1150 N.Kingshiway
25. DATE RECD. BY LOCAL REG.: 10-3-58
26. REGISTRAR'S SIGNATURE: Herbert B. Donk 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.

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 ..... Signed Lawrence O. Gerlach

Signature of Student Embalmer

Licensed Embalmer No. 4979

P. O. Address St. Louis, M

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.