

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035115
State File No.

FILED OCT 14 1958

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2596

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Woodson Terrace		c. CITY OR TOWN Woodson Terrace c. LENGTH OF STAY (in this place) 3 1/2 Years	
d. FULL NAME OF HOSPITAL OR INSTITUTION 9308 Tutweiler Avenue, 21,		e. STREET ADDRESS (If rural, give location) 9308 Tutweiler Avenue, 21,	
3. NAME OF DECEASED (Type or Print) a. (First) CECIL		b. (Middle)	
c. (Last) PIZZO		4. DATE OF DEATH (Month) (Day) (Year) October 7, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 12, 1885
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Fruit & Veg.	11. BIRTHPLACE (City and State or Foreign Country) Italy
12. CITIZEN OF WHAT COUNTRY USA		13. MOTHER'S MAIDEN NAME Sarah Lupo	
13a. FATHER'S NAME Falvatore Pizzo		14. NAME OF HUSBAND OR WIFE Grace Pizzo nee Sapienza	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Grace Pizzo, 9308 Tutweiler Avenue, 21		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 1 day ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Arterio sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>8/19</u> , 19 <u>58</u> , to <u>10/7/58</u> , that I last saw the deceased alive on <u>10/7</u> , 19 <u>58</u> , and that death occurred at <u>2:25 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) C. J. Signorelli M.D.		23b. ADDRESS 3400 N. Kingshighway	
23c. DATE SIGNED 10/9/58			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10/11/58	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. 10-9-58		REGISTRAR'S SIGNATURE Herbert G. Danke M.D.	
FUNERAL DIRECTOR'S SIGNATURE Natural Bridge Blvd., FUNERAL HOME, St. Louis, 15, Missouri.			

No Hours on Wed.,
File in County

Adler

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 *Ralph T. Lindner*

Licensed Embalmer No. *4278*

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.