

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-037616

STATE FILE NUMBER  
9612

FILED OCT 23 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9612

S. 300  
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 01 2243 Sublette		Length of stay in lb 44 30 yrs. <sup>1 mo</sup>	d. STREET ADDRESS 139 2243 Sublette		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) GIACOMO (JACK) Middle Giacomo (JACK)			4. DATE OF DEATH Month Day Year OCT. 5 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 25, 1888		9. AGE (In years less birthday) 70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Repair Man		10b. KIND OF BUSINESS OR INDUSTRY Shoes	11. BIRTHPLACE (City and state or country) Cuggiono Milan Italy 5		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Antonio Bossi		13b. MOTHER'S MAIDEN NAME Rosa Colombo Maria Unknown		14. NAME OF HUSBAND OR WIFE Josephine	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes give year or dates of service) Yes		16. SOCIAL SECURITY NO. 500-16- Unknown 9006		17. INFORMANT Address Josephine Bossi, 2243 Sublette	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CIRCULATORY COLLAPSE</u> DUE TO (b) <u>ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE</u> DUE TO (c) <u>CEREBRAL VASCULAR ACCIDENT WITH PARALYSIS</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <u>PARALYSIS AND DYSPHAGIA DUE TO CEREBRAL VASCULAR DISEASE</u>					INTERVAL BETWEEN ONSET AND DEATH 1 hr. ? YEARS 4 1/2 YEARS
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.) 4221			
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.)	
20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>Nov 25, 1956</u> to <u>Oct 5, 1958</u> and last saw <u>him</u> alive on <u>Oct 4, 1958</u> Death occurred at <u>5:04 P</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Leo L. Hacker MD			22b. ADDRESS 9 Concord Center Drive St. Louis 23, Mo.		22c. DATE SIGNED Oct 6, 1958
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-8-58	23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
24. FUNERAL DIRECTOR ADDRESS Calcaterra Funeral Home, 5110 Daggett Ave.		25. DATE RECD. BY LOCAL REG. OCT 7 '58		26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.  
 If cause of death is unknown, state: "Cause of death unknown." Do not write "No symptoms were observed."

MEDICAL CERTIFICATION  
 Off. of Fun. Dir. 12-20-58 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Robert M. Murray* .....

Licensed Embalmer No. *39449* .....

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.