

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041469

STATE FILE NUMBER

11537

FILED DEC 10 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

| | | | |
|--|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Illinois</i> b. COUNTY <i>St. Clair</i> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <i>Caseyville</i> ⁸¹²⁰ 8 |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Faith</i> | | Length of stay in lb <i>11 days</i> | d. STREET ADDRESS (If outside, give location) <i>32 Moonlight Drive</i> |
| 3. NAME OF DECEASED (Type or print) First <i>SAM</i> Middle Last <i>DIGIROLAMO</i> | | 4. DATE OF DEATH Month <i>12</i> Day <i>1</i> Year <i>1958</i> | |
| 5. SEX <i>Male</i> | 6. COLOR OR RACE <i>White</i> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <i>Nov. 12, 1884</i> |
| 9. AGE (In years last birthday) <i>74</i> | | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Owner & Operator</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>Tavern</i> | 11. BIRTHPLACE (City and state or country) <i>Palermo, Italy</i> ⁵ |
| 12. CITIZEN OF WHAT COUNTRY? <i>USA</i> | | 13a. FATHER'S NAME <i>Alexander Digirolamo</i> | |
| 13b. MOTHER'S MAIDEN NAME <i>Maria (Unknown)</i> | | 14. NAME OF HUSBAND OR WIFE <i>Veronica Dimaggio</i> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i> | | 16. SOCIAL SECURITY NO. <i>None</i> | 17. INFORMANT <i>Alex. Digirolamo</i> Address <i>1800 Hogan St., St. Louis, Mo.</i> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>acute uremic coma</i> <i>acute uremia</i> DUE TO (b) <i>acute uremia</i> DUE TO (c) <i>Rt. Pyelonephritis 600.0</i> | | | INTERVAL BETWEEN ONSET AND DEATH <i>12 hrs</i> <i>48 hrs</i> <i>11/20/58</i> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Cirrhosis Liver</i> <i>cirrhosis of liver</i> | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20e. CITY, TOWN, OR LOCATION | | 20f. COUNTY STATE | |
| 21. I attended the deceased from <i>11-20-58</i> to <i>12-1-58</i> and last saw her/him alive on <i>12-1-58</i> Death occurred at <i>5:55 A.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>Nicholas Vitale, M.D.</i> (Name or title) | | 22b. ADDRESS <i>7130 Natural Bridge</i> <i>7130 Natural Bridge Rd</i> <i>St. Louis Mo</i> | 22c. DATE SIGNED <i>12/1/58</i> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | 23b. DATE <i>12-4-58</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>St. John</i> | 23d. LOCATION (City, town, or county) (State) <i>Collinsville Ill.</i> |
| 24. FUNERAL DIRECTOR <i>Richard H. Smith</i> ADDRESS <i>Collinsville, Ill.</i> | | 25. DATE RECD. BY LOCAL REG. <i>DEC 1 - '58</i> | 26. REGISTRAR'S SIGNATURE <i>Carl Smith MO</i> <i>m & B</i> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only black ink. 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 *Ray Embalmed*, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Richard L. Kay*

Licensed Embalmer No. *6890*

P. O. Address *Collinsville,*

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.