

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046128

STATE FILE NUMBER

12297

FILED JAN 5 1959

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

300
1-57

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis | | c. CITY OR TOWN St. Louis | |
| c. FULL NAME OF (If NOT in hospital, give location) Fermin Deslodge | | d. STREET ADDRESS (If outside, give location) 920 Cole | |
| 3. NAME OF DECEASED (Type or print) SAM | | 4. DATE OF DEATH Month 12 Day 18 Year 1958 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH Sept 10 1894 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Repair | | 10b. KIND OF BUSINESS OR INDUSTRY Shoe | 11. BIRTHPLACE (City and state or country) Italy |
| 13a. FATHER'S NAME Joseph Orlando | | 13b. MOTHER'S MAIDEN NAME Anna Palazzolo | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. 496-36-5766 | |
| 17. INFORMANT Pete Orlando | | Address 5551 Sutherland | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HYPERTENSIVE CARDIOVASCULAR DISEASE DUE TO (b) AND UREMIA DUE TO (c) ACUTE AND CHRONIC PYELONEPHRITIS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 6000 | | | INTERVAL BETWEEN ONSET AND DEATH 15 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.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from Nov 21 to Dec. 18-58 and last saw her alive on Dec. 17-58 Death occurred at 7th Ave 12/18/58 m on the date stated above; and to the best of my knowledge, from the causes stated. | | 22c. DATE SIGNED 12/19/58 | |
| 22a. SIGNATURE (Degree or title) Dr. Kenneth E. Walter | | 22b. ADDRESS 1325 So. Grand | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 12/20/58 | |
| 23c. NAME OF CEMETERY OR CREMATORY Calvary | | 23d. LOCATION (City, town, or county) St. Louis, Mo | |
| 24. FUNERAL DIRECTOR Miceli 1150 N. Kingshiway | | 25. DATE RECD. BY LOCAL REG. DEC 20 '58 | |
| | | 26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. | |

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
Signature of Student Embalmer

Signed *Anthony J. Michel*
Licensed Embalmer No. *4277*
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.