

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007121

STATE FILE NUMBER

2.1291

FILED FEB 24 1959

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

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-57
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3P

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Pine Lawn 4160 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Pacific Hospital		d. STREET ADDRESS (If outside, give location) 3521 Oakdale Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Joseph Middle Fucaloro Last			4. DATE OF DEATH Month Feb. Day 3, Year 1959			
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5. SEX Malw	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 3 1892	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Repair	10b. KIND OF BUSINESS OR INDUSTRY Self Employed	11. BIRTHPLACE (City and state or country) Italy	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Salvatore Fucaloro	13b. MOTHER'S MAIDEN NAME anna Sciortino	14. NAME OF HUSBAND OR WIFE Rose
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) Yes WW # 1	16. SOCIAL SECURITY NO. 496-36-9917	17. INFORMANT Rose Fucaloro Address 3521 Oakdale
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture of Skull.		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) E903.5 44		

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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. PLACE AND DATE OF INJURY OCCURRED (See signature in PART I or PART II of item 18) at Pine Lawn Bridge on Pine Lawn Ave. Pine Lawn Missouri, all February 3, 1959.	
20c. TIME OF INJURY Hour _____ a.m. 2 3 59 p.m. _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 3521 Street	20f. CITY, TOWN, OR LOCATION Pine Lawn	COUNTY Mo	STATE
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21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at **545** _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

21a. SIGNATURE Patrick Taylor Coroner (Degree or title)	21b. ADDRESS 1300 Clark	21c. DATE SIGNED 2.5.59.
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22a. BURIAL, CREMATION, etc. (Specify) Burial	22b. DATE Feb 7-59	22c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	22d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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24. FUNERAL DIRECTOR Micoli & Sons ADDRESS 1150 N. Kingshighway	25. DATE RECD. BY LOCAL REG. FEB 5 '59	26. REGISTRAR'S SIGNATURE Earl Smith. M.D.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

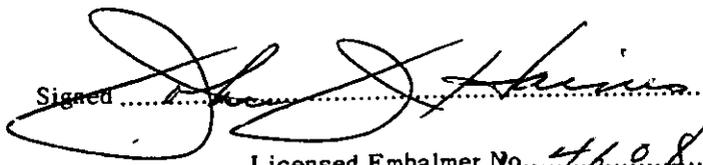
to original

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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 

Licensed Embalmer No. *4108*

P. O. Address *St. Louis, Mo.*

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.