THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-007946
STATE FILE NUMBER

FILED FEB 24 1959 Registration District No. 317 Primary Registration District No. 590 Registrar's No. 499

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Pine Lawn — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 3522 Oakdale — Length of stay in 1b: YRS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St Louis
c. CITY OR TOWN: Pine Lawn 4160 — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): 3522 Oakdale — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First / Middle / Last: Pasquale Coppolino
4. DATE OF DEATH: Month / Day / Year: February 11, 59

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Aug. 19 1879
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance Broker
10b. KIND OF BUSINESS OR INDUSTRY: Self Employed
11. BIRTHPLACE (City and state or country): Italy
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: John Coppolino
13b. MOTHER'S MAIDEN NAME: Rosaria
14. NAME OF HUSBAND OR WIFE: Anna

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: unk.
17. INFORMANT: Anna Coppolino — Address: 3522 Oakdale Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arterio Sclerotic Heart Disease
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): H2CC

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 Nov 1949, to Feb 11, 1959 and last saw her/him alive on Feb 11, 1959
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Vincent J. LaPuzzo MD (Degree or title)
22b. ADDRESS: 1931 Marconi
22c. DATE SIGNED: 2/13/59

23a. BURIAL, CREMATION OR REMOVAL (Specify): Burial
23b. DATE: Feb. 14, 59
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis Mo

24. FUNERAL DIRECTOR: Micell & Sons — ADDRESS: 1150 N. Kingshighway
25. DATE RECD. BY LOCAL REG.: 2-13-59
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 embalme

by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Anthony J. Mu

Licensed Embalmer No. .....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur 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.