

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011755
STATE FILE NUMBER

873
Registrar's No.

APR 6 1959

Registration District No. 317

Primary Registration District No. 590

300
1-57

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FLORISSANT		c. CITY OR TOWN FLORISSANT 4051	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.R. #31 Box 501 HUNDERSHELL RD.		d. STREET ADDRESS (If outside, give location) HUNDERSHELL RD	
Length of stay in lb 58 yrs		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First AUGUST Middle Last AZAR			4. DATE OF DEATH Month MARCH Day 29 Year 1959		
5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG. 15, 1889	9. AGE (In years last birthday) 69	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) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) SYRIA	12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME ANTHONY R AZAR		13b. MOTHER'S MAIDEN NAME MARY		14. NAME OF HUSBAND OR WIFE DECEASED	
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. NONE	17. INFORMANT JOHN DELVECCHIO, FLORISSANT, MO		

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 Artery disease		INTERVAL BETWEEN ONSET AND DEATH 5 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Generalized arteriosclerosis DUE TO (c) _____		
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"/>

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.) 4201	
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 FLORISSANT	COUNTY ST. LOUIS	STATE MO
21. I attended the deceased from April '54 to March 28, 1959 and last saw her alive on 25 March 1959 Death occurred at 1215 29th Avenue 59 near the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE John DelVecchio (Degree or title)		22b. ADDRESS 151 St Francis Florissant, Mo	22c. DATE SIGNED	

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4-1-1959	23c. NAME OF CEMETERY OR CREMATORY ST. FERDINAND	23d. LOCATION (City, town, or county) FLORISSANT, MO.	(State)
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24. FUNERAL DIRECTOR THE FLORISSANT MORTUARY, FLORISSANT, MO	ADDRESS	25. DATE RECD. BY LOCAL REG. 3-31-59	26. REGISTRAR'S SIGNATURE John C. Murphy, M.D./M
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Gene A. Sutcliffe*

Licensed Embalmer No. *4966*

P. O. Address *Flourmont, 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.