

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-015392

STATE FILE NUMBER  
2 3203

FILED APR 20 1959 Registration District No. Primary Registration District No.

300  
1-57  
72  
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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chronic Hosp.		d. STREET ADDRESS (If outside, give location) 1222a N. 7th St.	

3. NAME OF DECEASED (Type or print) Bartolo Mantia			4. DATE OF DEATH Month Day Year 3-30-59		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH September 9, 1874	9. AGE (In years last birthday) 84	10. UNDER 1 YEAR Months Days 6 22	11. UNDER 24 HRS. Hours Min. 5
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Fruit Merchant.		10b. KIND OF BUSINESS OR INDUSTRY Spicuzza & Pace		11. BIRTHPLACE (City and state or country) Italy		12. CITIZEN OF WHAT COUNTRY? Italy	
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13a. FATHER'S NAME Rosario Mantia		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE --	
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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. 488-10-836-6A		17. INFORMANT Mrs. Libbie Ruelas, 1222a N. 7th St.	
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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) <i>Basilar Congestion of the Heart</i>			INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Arteriosclerotic Heart Disease</i>			<i>4 mo.</i>
	DUE TO (c) <i>Generalized Arteriosclerosis</i>			<i>4 mo.</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>420.0</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (After nature of injury in PART I or PART II of item 18.)		
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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 COUNTY STATE		
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21. I attended the deceased from <i>11-21-58</i> to <i>3-30-59</i> and last saw her alive on <i>3-30-59</i> Death occurred at <i>12:05 a.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
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22a. SIGNATURE (Degree or title) <i>John W. Beckham, M.D.</i>			22b. ADDRESS <i>5800 Arsenal</i>			22c. DATE SIGNED <i>3/30/59</i>		
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>April 2, 1959</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri</i>			
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24. FUNERAL DIRECTOR ADDRESS <i>Bernard Niehaus 1431 Union Blvd.</i>			25. DATE RECD. BY LOCAL REG. <i>MAR 31 '59</i>		26. REGISTRAR'S SIGNATURE <i>John Paul Smith, M.D.</i>		
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

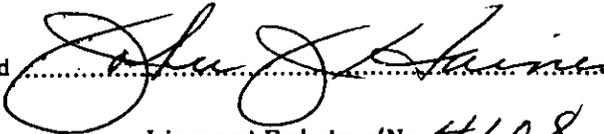
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

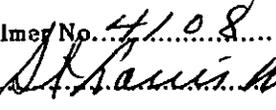
STATEMENT BY LICENSED EMBALMER

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  .....

Licensed Embalmer No. 4108 .....

P. O. Address  .....

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.