

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015733
STATE FILE NUMBER

FILED MAY 6 1959 Registration District No. Primary Registration District No. Registrar's No. 23999

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. LOUIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST JOHN'S HOSPITAL		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 5544 ARTHUR Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last MARY E SINOPOLI			4. DATE OF DEATH Month Day Year APRIL 22 1959			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 1 1918	9. AGE (In years last birthday) 40	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OFFICE WORK - CATHOLIC CHARITIES		10b. KIND OF BUSINESS OR INDUSTRY NEW JERSEY		11. BIRTHPLACE (City and state or country) U-S-A		
13. FATHER'S NAME WILLIAM BIDDLE			14. MOTHER'S MAIDEN NAME JENNIE LEIBENSPERGER			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) NO		16. SOCIAL SECURITY NO. 135-10-2218		17. INFORMANT Address ARMANDO SINOPOLI 5544 ARTHUR		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subarachnoid hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Probably cerebral aneurysm	unk.
	DUE TO (c) 330x	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) None		19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

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.) None	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		
20d. INJURY OCCURRED WHILE AT WORK <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

21. I attended the deceased from 11-1-51 to 4-22-59 and last saw her ^{him} alive on 4-21-59 Death occurred at 4:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) Edward P. Rehn	22b. ADDRESS 4500 Olive St Louis (8) Mo	22c. DATE SIGNED 4-23-59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE APR. 25 1959	23c. NAME OF CEMETERY OR CREMATORY CALVARY CEM.	23d. LOCATION (City, town, or county) (State) ST. LOUIS, MO
--	----------------------------------	---	---

24. FUNERAL DIRECTOR ADDRESS Thomas Kuttie 2906 Gravois	25. DATE RECD. BY LOCAL REG. APR 23 '59	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.
---	---	--

(Licensed Embalmer's Statement on Reverse Side)

59-015733
 56
 1492
 0
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Coroner cannot certify to a death due to natural causes.

MEDICAL CERTIFICATION

10-1230 Providence

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by _____, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Eleana Province*

Licensed Embalmer No. 34

P. O. Address *Providence*

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