

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-019584  
STATE FILE NUMBER  
25282  
Registrar's No.

JUN 15 1959 Registration District No. Primary Registration District No.

300  
1-57  
3

1. PLACE OF DEATH a. COUNTY <del>St. Louis</del>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2813 No 19 th		Length of stay in lb 55 yrs	d. STREET ADDRESS (If outside, give location) 2813 No. 19th
		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Vita E. Russo			4. DATE OF DEATH Month Day Year June 1, 1959		
---	--	--	--	--	--

5. SEX Female	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 April 3, 1882	9. AGE (In years at birthday) 77	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
------------------	---------------------------	---	-----------------------------------	-------------------------------------	--------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during last week, or if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY ownhouse	11. BIRTHPLACE (City and state or country) Italy	12. CITIZEN OF WHAT COUNTRY? Italy
---	---	---	---------------------------------------

13a. FATHER'S NAME Nino Candela	13b. MOTHER'S MAIDEN NAME Josephine unk	14. NAME OF HUSBAND OR WIFE Rosolino
------------------------------------	--	---

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. no	17. INFORMANT Address Sam Russo 4333 Toenges
---	-------------------------------	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>C &amp; R disease</u>		<u>1 year</u>
	DUE TO (c) <u>442 X</u>		
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.)
---	--

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
---	---	--	---

21. I attended the deceased from <u>May 21, 1959</u> to <u>June 1, 1959</u> and last saw her alive on <u>June 1, 1959</u> Death occurred at <u>300 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.
---

22a. SIGNATURE <u>J Scopelito M.D.</u> (Degree or title)	22b. ADDRESS <u>3718th Grand</u>	22c. DATE SIGNED <u>6/2/59</u>
---	-------------------------------------	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>June 4, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	23d. LOCATION (City, town, or country) (State) <u>St. Louis, Mo.</u>
--	----------------------------------	---	---

24. FUNERAL DIRECTOR <u>Miceli 1150 No. Kingshighway</u>	25. DATE RECD. BY LOCAL REG. <u>JUN 2 '59</u>	26. REGISTRAR'S SIGNATURE <u>Lead Smith, M.D.</u>
---	--	--

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 *Harvey Kahle*

Licensed Embalmer No. 4596

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.