

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019654

STATE FILE NUMBER

2-5316

Registration District No. _____ Primary Registration District No. _____ Registration No. _____

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| 1. PLACE OF DEATH a. COUNTY | | 5. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. 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 type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hosp. | | Length of stay in lb 1 day | d. STREET ADDRESS (If outside, give location) 4314 West Papin St Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

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|---|----------------------------------|---|--|--|
| 3. NAME OF DECEASED (Type or print) First Charles Middle Last Spicuzza | | | 4. DATE OF DEATH Month 6 Day 1 Year 59 | |
| 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 June 18, 1885 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Packer - Ret. | | 10b. KIND OF BUSINESS OR INDUSTRY Tomato | 9. AGE (In years last birthday) 73 | 11. BIRTHPLACE (City and state or country) Italy |
| 13a. FATHER'S NAME Charles Spicuzza | | 13b. MOTHER'S MAIDEN NAME Margaret Derma | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. 497-10-6257 | | 14. NAME OF HUSBAND OR WIFE Ruby Mae Spicuzza |
| 17. INFORMANT Mrs. Rosemary Bayless, 4314 W. Papin | | | Address | |

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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) Bronchopneumonia | | INTERVAL BETWEEN ONSET AND DEATH 3 days |
| DUE TO (b) congestive heart failure | | |
| DUE TO (c) Arteriosclerotic heart disease | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |

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|---|--|--------------|
| 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.) 420.0 | |
| 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 **18 SEP 58** to **19 June 59** and last saw her alive on **2 May 59**
Death occurred at **7:30 a** m 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) James F. Nichol, M.D. | 22b. ADDRESS #52 Maryland Plaza St Louis | 22c. DATE SIGNED 29 June 59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | 23b. DATE 6/5/59 | 23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery |
| 23d. LOCATION (City, town, or county) St. Louis County Mo. | | (State) |

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|--|------------------------------|--|--|
| 24. FUNERAL DIRECTOR Drehmann-Harral | ADDRESS 1905 Union | 25. DATE RECD. BY LOCAL REG. JUN 3 '59 | 26. REGISTRAR'S SIGNATURE Earl Smith, M.D. |
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(Licensed Embalmer's Statement on Reverse Side)

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 *Warren A. Carve*

Licensed Embalmer No. *3534*

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.