

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-030998

FILED VS SEP 8 1959

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2348 STATE FILE NUMBER

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Richmond Hts.</u>  |   | Length of stay in 1b<br><u>3 HRS</u>  | c. CITY OR TOWN <u>Richmond Hts.</u>  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>  |   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><u>1132a Ralph Terrace</u> |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>SARAH</u> Middle <u>MARIE</u> Last <u>CHIVETTA</u>   |   |   | 4. DATE OF DEATH<br>Month <u>Aug.</u> Day <u>31</u> Year <u>1959</u>  |   |  |
| 5. SEX<br><u>Female</u>  | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>8-31-59</u>  | 9. AGE (last birthday)<br><u>0</u>  | IF UNDER 1 YEAR<br>Months <u>0</u> Days <u>0</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>None</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>None</u>  |   | 11. BIRTHPLACE (City and state or country)<br><u>Richmond Hts., Mo.</u>     |  |
| 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>   |   |   | 13a. FATHER'S NAME<br><u>Anthony Chivetta</u>   |   |  |
| 13b. MOTHER'S MAIDEN NAME<br><u>Dolores Krekeler</u>   |   |   | 14. NAME OF HUSBAND OR WIFE<br><u>-----</u>   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |   | 16. SOCIAL SECURITY NO.<br><u>None</u>  |   | 17. INFORMANT<br><u>Anthony Chivetta 1132a Ralph Tr.</u>                    |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Respiratory Failure</u><br>DUE TO (b) <u>Immaturity</u><br>DUE TO (c) <u>Premature Delivery</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   |   |   | INTERVAL BETWEEN ONSET AND DEATH   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |   |   |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <u>5:45 A.</u> Month, Day, Year <u>8-31-59</u>   |   |   |   |   |  |
| 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.)<br><u>birth</u>  |   | 20f. CITY, TOWN, OR LOCATION<br><u>Richmond Hts., Mo.</u>                   |  |
| 21. I attended the deceased from <u>5:45 A.</u> to <u>death</u> and last saw him alive on <u>8-31-59</u><br>Death occurred at <u>5:45 A.</u> on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |   |   |  |
| 22a. SIGNATURE<br><u>Joseph A. Stanley M.D.</u>  |   |   | 22b. ADDRESS<br><u>52 Maryland Plaza</u>  |   | 22c. DATE SIGNED<br><u>8-31-59</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |   | 23b. DATE<br><u>Sep. 1, 1959</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Resurrection Cemetery</u>  |   | 23d. LOCATION (City, town, or county) (State)<br><u>St. Louis Co. Mo.</u>  |
| 24. FUNERAL DIRECTOR<br><u>Kriegshauser 4228 S.Kingshighway</u>  |   |   | 25. DATE RECD. BY LOCAL REG.<br><u>8-31-59</u>  |   | 26. REGISTRAR'S SIGNATURE<br><u>John C. Mumfry M.D.</u>  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Edwin A. McAllen

Licensed Embalmer No. 3024

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.