

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037889

FILED VS NOV 12 1959

2 9923

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

UNRECORDED

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		Length of stay in 1b -----	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. Louis City Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4137a Green Lea Place, Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ELI Middle MONGNO Last			4. DATE OF DEATH Month October Day 27 Year 1959		
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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 2-14-75	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Barber	10b. KIND OF BUSINESS OR INDUSTRY Barber Shop	11. BIRTHPLACE (City and state or country) Italy	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME (Unknown) Mongno	13b. MOTHER'S MAIDEN NAME Senstance (Unknown)	14. NAME OF HUSBAND OR WIFE Late Rose Mongno
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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. None	17. INFORMANT Thomas Mongno, 5820 Mc Arthur Ave., 20 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) <i>Arterio sclerotic Heart Disease</i> DUE TO (b) <i>Generalized Arterio sclerosis</i> DUE TO (c) <i>420.0</i>		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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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.)
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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
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Paul J. Simon</i> (Degree or title) <i>Deputy Coroner</i>	22b. ADDRESS <i>1300 Clark</i>	22c. DATE SIGNED <i>10/29/59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>10-30-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>
23d. LOCATION (City, town, or county) <i>St. Louis, Missouri</i>		23e. DATE RECD. BY LOCAL REG. <i>OCT 29 1959</i>

23f. FUNERAL DIRECTOR'S ADDRESS
CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., St. Louis, 15, Missouri

23g. FUNERAL HOME, St. Louis, 15, Missouri

26. REGISTRAR'S SIGNATURE
Roan Smith, M.D.
9. M.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 2 1960

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 Ralph C. Trindler

Licensed Embalmer No. 4275

P. O. Address R. Lewis

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.