

STATE DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-042352

FILED VS DEC 7 1959

STATE FILE NUMBER

210435

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

| | | | |
|---|-----------|---|--|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY | St. Louis | a. STATE | Mo b. COUNTY |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN | St. Louis | c. CITY OR TOWN | St. Louis n Mo. |
| Length of stay in 1b | | Inside Limits | |
| 47 yrs | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If outside, give location) | Reside on Farm |
| 5237 Wren | | 5237 Wren | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| | | | |
|-------------------------------------|-------------------|------------------|----------------|
| 3. NAME OF DECEASED (Type or print) | First Middle Last | 4. DATE OF DEATH | Month Day Year |
| Dome nico | Petruso | Nov. 11, | 1959 |

| | | | | | | |
|--------|------------------|--|------------------|------------------------|-----------------|-----------------|
| 5. SEX | 6. COLOR OR RACE | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH | 9. AGE (last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HR |
| Male | White | | Feb. 19, 1892 | 67 | Months | Days Hours Min. |

| | | | |
|---|-----------------------------------|--|-----------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) | 12. CITIZEN OF WHAT COUNTRY |
| Laborer | Building Const | Italy | UASSA.A. |

| | | |
|--------------------|---------------------------|-----------------------------|
| 13a. FATHER'S NAME | 13b. MOTHER'S MAIDEN NAME | 14. NAME OF HUSBAND OR WIFE |
| Frank Petruso | Mary Scotto | Giroloma Petruso |

| | | | |
|--|-------------------------|------------------|-----------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT | Address |
| No. | 497-09-3952 | Giroloma Petruso | 5237 Wren |

| | | |
|---|------------------------|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <i>Macerated Head</i> | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <i>976X</i> | |
| | DUE TO (c) | |

| | | | |
|--|--|---|--|
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the immediate cause given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. | |
| <i>Support carbon depressed ignited</i> | | <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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
| | | <i>disfranchisement (sp?) in shed w/ head of Aquila on shed</i> |
| 20c. TIME OF INJURY | Hour Month, Day, Year | |
| | <i>11 11 59 November 11 1959</i> | |

| | | | | |
|---|--|------------------------------|-----------|-------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 |
| | <i>074 House</i> | <i>St Louis</i> | <i>Mo</i> | |

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 (Degree or title) | 22b. ADDRESS | 22c. DATE SIGNED |
| <i>[Signature]</i> | <i>1300 Claack</i> | <i>11/13/59</i> |

| | | | |
|--|----------------------|------------------------------------|---|
| 23a. BURIAL, CREMATION, REBURY (Specify) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town, or county) (State) |
| <i>Burial</i> | <i>Nov. 14, 1959</i> | <i>Calvary Cemetery</i> | <i>St. Louis, Mo.</i> |

| | | | |
|----------------------------|-----------------------------|------------------------------|---------------------------|
| 24. FUNERAL DIRECTOR | ADDRESS | 25. DATE RECD. BY LOCAL REG. | 26. REGISTRAR'S SIGNATURE |
| <i>Miceli Funeral Home</i> | <i>1150 N. Kingshighway</i> | <i>NOV 13 1959</i> | <i>Loan Smith, M.D.</i> |

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

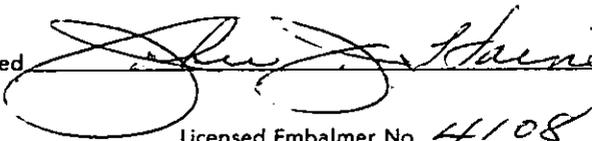
BY AFFIDAVIT OF

m. J. B.

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  _____

Licensed Embalmer No. 4108

P. O. Address Spencer

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.