

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-020826

FILED VS MAY 18 1960

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4934

STATE FILE NUMBER

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

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY                                 |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>  |   | Length of stay in 1b  | c. CITY OR TOWN <b>St. Louis</b>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>1936 Berra Ct.</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>1936 Berra Ct.</b>  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Guiseppina (Josephine)</b> Middle <b>De</b> Last <b>Filippo</b>  |   | 4. DATE OF DEATH<br>Month <b>May</b> Day <b>7</b> Year <b>1960</b>  |   |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>10/26/1888</b>   |
| 9. AGE (last birthday)<br><b>71</b>  |   | IF UNDER 1 YEAR<br>Months _____ Days _____  | IF UNDER 24 HR<br>Hours _____ Min. _____  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><b>Italy</b>  |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.</b>   |   | 13a. FATHER'S NAME<br><b>Angelo Tumminia</b>  |   |
| 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Vincenzo</b>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |   | 16. SOCIAL SECURITY NO.<br><b>None</b>  | 17. INFORMANT<br><b>Carmela Day, 1936 Berra Ct.</b>   |
| 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) <b>Uremia</b>  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>7 Days</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Arterio Sclerotic CVR Disease</b>  |   |   |   |
| DUE TO (c) <b>442X</b>   |   |   |   |
| 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 checked="" 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 _____ a.m. _____ p.m.  | Month, Day, Year  |   |   |
| 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 <b>April 1959</b> to <b>May 7, 1960</b> and last saw her/him alive on <b>May 7, 1960</b><br>Death occurred at <b>7:45</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |   |
| 22a. SIGNATURE<br><b>Vincenzo Leucardo M.D.</b> (Degree or title)  |   | 22b. ADDRESS<br><b>1931 Marconi</b>   | 22c. DATE SIGNED<br><b>5-9-60</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  | 23b. DATE<br><b>5-11-60</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Resurrection Cemetery</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis Co., Mo.</b>  |
| 24. FUNERAL DIRECTOR<br><b>Calcaterra Funeral Home, 5142 Daggett Ave.</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>MAY 10 1960</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Koart Smith, M.D.</b>   |

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 *John D. Hare*  
Licensed Embalmer No. 4108

P. O. Address *St. Louis*

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.