

FRI - DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-021783

FILED VS MAY 31 1960

INDEXED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1486 STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u> | | Length of stay in 1b <u>YRS.</u> | c. CITY OR TOWN <u>Clayton</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>28 Narragansett Dr.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>28 Narragansett Dr.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Middle Last <u>John Paul Cattaneo</u> | | | 4. DATE OF DEATH Month Day Year <u>May 5 1960</u> | | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Dec. 29, 1906</u> | 9. AGE (last birthday) <u>53</u> | IF UNDER 1 YEAR Months Days Hours Min. | 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) <u>Merchant</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>McKnight Market</u> | 11. BIRTHPLACE (City and state or country) <u>Memphis Tennessee</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Joseph Cattaneo</u> | 13b. MOTHER'S MAIDEN NAME <u>Theresa Gaia</u> | 14. NAME OF HUSBAND OR WIFE <u>Elvezia Cattaneo</u> | |

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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) <u>no</u> | 16. SOCIAL SECURITY NO. <u>487-38-1763</u> | 17. INFORMANT <u>Mrs. Elvezia Cattaneo</u> | Address <u>28 Narragansett Dr.</u> |
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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: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) | <u>Myocardial Infarction</u> | <u>1 Hour</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Coronary Thrombosis</u> | <u>1 Day</u> |
| | DUE TO (c) | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>None</u> | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown |

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| 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.) |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | | |

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| 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 Dec. 9, 1958 to May 5, 1960 and last saw him alive on Sept. 10, 1959
Death occurred at 8:30 p. 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) <u>Clement J. Sullivan M.D.</u> | 22b. ADDRESS <u>4161 Lindell, St. Louis, Mo.</u> | 22c. DATE SIGNED <u>5-6-60</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Entombment</u> | 23b. DATE <u>May 9, 1960</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Mausoleum</u> |
| 23d. LOCATION (City, town, or county) <u>St. Louis Missouri.</u> | | |

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| 24. FUNERAL DIRECTOR <u>C.R. Lupton and Sons</u> | ADDRESS <u>7233 Delmar</u> | 25. DATE RECD. BY LOCAL REG. <u>5-6-60</u> | 26. REGISTRAR'S SIGNATURE <u>J. B. Murphy M.D.</u> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

John P. Costanzo

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 *Arnold W. Scho*

Licensed Embalmer No. *3864*
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.

