URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-028249

FILED VS JUL 22 1960

ENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6813 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS — Length of stay in 1b: 45 YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FIRMIN DESLOGE HOSP — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY
c. CITY OR TOWN ST. LOUIS — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2123A. CASS AVE — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: VITO Middle: Last: DESIMONE
4. DATE OF DEATH Month: 7 Day: 5 Year: 60
5. SEX: M
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: DEC-12-1893
9. AGE (last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY: HOME BLDG
11. BIRTHPLACE (City and state or country): ITALY
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: VITO DESIMONE
13b. MOTHER'S MAIDEN NAME: BENDENUTA BUZZANGA
14. NAME OF HUSBAND OR WIFE: ROSE DESIMONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 499-01-2243
17. INFORMANT: MRS. DEENA ATKINSON, Address 3610 RIDGEDALE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): ANOXIA
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): BACTERIAL PNEUMONIA
DUE TO (c): CHRONIC LUNG DISEASE
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): 527.2
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 7-1 60 to 7-6- 60 and last saw ~~he~~ him alive on 7-6-60
Death occurred at 232 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Walter D. Giulio MD (RESIDENT)
22b. ADDRESS: FIRMIN DESLOGE HOSP
22c. DATE SIGNED: 7/6/60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 7-8-60
23c. NAME OF CEMETERY OR CREMATORY: CALVARY
23d. LOCATION (City, town, or county) (State): ST. LOUIS - MISSOURI
24. FUNERAL DIRECTOR: L.B. Tanner, 6107 Natural Bridge
ADDRESS
25. DATE RECD. BY LOCAL REG.: JUL 7 1960
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 J Haines

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 co 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.