RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-033000

FILED VS AUG 26 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8242 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b: 54yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3970 Cleveland — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS 3970 Cleveland (If outside, give location) — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Maria; Middle; Last Vitale

4. DATE OF DEATH: Month Aug. Day 19, Year 1960

5. SEX Female

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH Nov. 11, 1888

9. AGE (last birthday) 71

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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY ownhouse

11. BIRTHPLACE (City and state or country) Terrasini Italy

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Antonio LoGrasso

13b. MOTHER'S MAIDEN NAME Christina Palazzolo

14. NAME OF HUSBAND OR WIFE Stefano Vitale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. no

17. INFORMANT Dr. Nicholas Vitale Address 7276 Ravinia Dr.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Arteriosclerotic H&D disease — INTERVAL BETWEEN ONSET AND DEATH: Chronic

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Diabetes — 4 years

DUE TO (c) 260x

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. ☐ 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 1947, to 8/19/60 and last saw her/him alive on 8/13/60

Death occurred at 11:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. Charnes (Degree or title) MD

22b. ADDRESS 607 No Grand

22c. DATE SIGNED 8/20/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Aug. 23, 1960

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

23d. LOCATION (City, town, or county) St. Louis (State) Mo

24. FUNERAL DIRECTOR Miceli ADDRESS 1150 No. Kingshighway

25. DATE RECD. BY LOCAL REG. AUG 22 1960

26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Harry E. Monroe

Licensed Embalmer No. 4495

P. O. Address St. Louis, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c 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.