

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-033383
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2474

IDED FILED VS SEP 1 2 1966
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MISSOURI		c. CITY OR TOWN ST. LOUIS (20)	
Length of stay in 1b 2 DAYS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL No 7		d. STREET ADDRESS (If outside, give location) 4907 GENEVIEVE	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First DAVID Middle A. Last GINOCCHIO			4. DATE OF DEATH Month AUGUST 18, Day 1960 Year		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-21-93	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months Days	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) AUDITOR	10b. KIND OF BUSINESS OR INDUSTRY AIRCRAFT CONSTR.	11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME ANTHONY GINOCCHIO	13b. MOTHER'S MAIDEN NAME ANNA RATHFORD	14. NAME OF HUSBAND OR WIFE IRENE GINOCCHIO
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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) YES WW-I	16. SOCIAL SECURITY NO. 489-20-6024	17. INFORMANT IRENE GINOCCHIO (WIFE) Address 4907 GENEVIEVE, ST. LOUIS 20, MISSOURI
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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 4 DAYS
IMMEDIATE CAUSE (a) UREMIA		
DUE TO (b) ARTERIOULAR NEPHROSCLEROSIS		
DUE TO (c)		

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. <input type="checkbox"/> Yes <input type="checkbox"/> No <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.)
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20c. TIME OF INJURY Hour 3:45 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 ST. LOUIS, MO.	COUNTY	STATE
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21. V.A. attended the deceased from 8-16-60 to 8-18-60		Death occurred at 3:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE W. Oppler (Degree or title) W. OPPLER, M.D., Director Professional Services, VET. ADM. HOSP., JEFF. BRKS., MO.	22b. ADDRESS	22c. DATE SIGNED 8-18-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE AUG. 22, 1960	23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	23d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.
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24. FUNERAL DIRECTOR KRIEGSHAUSER 4228 S. KINGSHIGHWAY BLVD.	25. DATE RECD. BY LOCAL REG. 8-19-60	26. REGISTRAR'S SIGNATURE <i>John M. Murphy</i>
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William B. White

Licensed Embalmer No. 429

P. O. Address 4228th

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