DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 14 1960 318

-60-043455

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 11749

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY
b. CITY OR TOWN St. Louis, Mo. (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b	c. CITY OR TOWN St. Louis, Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Firmin Desloge Hosp. Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 3515 Park Ave Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Batista Middle: John Last: Cometto				4. DATE OF DEATH Month Day Year: 12-4-60			
5. SEX: M	6. COLOR OR RACE: W	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: Aug 12, 82	9. AGE (last birthday): 78	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): Coal Miner	10b. KIND OF BUSINESS OR INDUSTRY: Retired	11. BIRTHPLACE (City and state or country): Italy (Not In U.S)	12. CITIZEN OF WHAT COUNTRY: Italy				
13a. FATHER'S NAME: John Cometto	13b. MOTHER'S MAIDEN NAME: Tranquilla (Unknown)	14. NAME OF HUSBAND OR WIFE: Margaret Commetto					
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.: None	17. INFORMANT: Mrs. Emmaline Odorizze Address: 546 Lodge Drive					

MEDICAL CERTIFICATION

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)	cerebral accident cerebral accident	24 hours.
DUE TO (b)	arteriosclerosis, generalized arteriosclerosis generalized	4 years
DUE TO (c)	331A	

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

OK Joseph M. Dechaux Deputy Coroner 12-7-60

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 12/4/60 to 12/5/60 and last saw (her/him) alive on 12/5/60. Death occurred at 6:40 P.M. 12/5/60. 6:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Harold Freedman (Degree or title) Harold Freedman MD M. D.	22b. ADDRESS 607 No. Grand 607 N. Grand	22c. DATE SIGNED 12/5/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-7-60	23c. NAME OF CEMETERY OR CREMATORY St. Paul Church Yard	23d. LOCATION (City, town, or county) (State) St. Louis county, Mo.
24. FUNERAL DIRECTOR ADDRESS McLaughlin 2301 Lafayette Ave	25. DATE RECD. BY LOCAL REG. DEC 7 1960	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.	

DOCUMENT

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 b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed H. G. Fanno

Signature of Student Embalmer

Licensed Embalmer No. 338

P. O. Address H. R. Fann

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.