RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS NOV 17 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10829

60-044014
STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Mo.
Length of stay in 1b: 5 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St.LouisChildrens'
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: St.Louis
c. CITY OR TOWN: Hazelwood
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 6021 N.Lindbergh
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First David Middle Wayne Last Nicosia

4. DATE OF DEATH: Month 11 Day 6 Year 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-28-60
9. AGE (last birthday): IF UNDER 1 YEAR Months Days 9; IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): St.Charles, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Gerald Nicosia
13b. MOTHER'S MAIDEN NAME: Joann Buckli
14. NAME OF HUSBAND OR WIFE: None

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.: None
17. INFORMANT: Vernell Kunzie Address: 500 S.Kingshighway

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) Cardiorespiratory
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Pneumonia & atelectasis
DUE TO (c) ? CHD ; Neonatal jaundice
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)
754.5

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 11-1-60, to 11-6-60 and last saw her/him alive on 11-6-60
Death occurred at 7:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. Warren Force (Degree or title) M.D.
22b. ADDRESS: Childrens Hospital
22c. DATE SIGNED: 11/6/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11-7-60
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State): Hannibal, Missouri.

24. FUNERAL DIRECTOR: Albert H. Hoppe Inc.
ADDRESS: 4700 Washington, Blvd.
25. DATE RECD. BY LOCAL REG.: NOV 9 1960
26. REGISTRAR'S SIGNATURE: Karl 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 by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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