

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-044452

FILED VS NOV 28 1960

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 3376

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kirkwood		Length of stay in 1b DOA	c. CITY OR TOWN Valley Park
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 502 Forest Ave.
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Angeline Middle Cuchetti Last Cuchetti			4. DATE OF DEATH Month November Day 16 Year 1960		
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5. SEX Female	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 12/9/1894	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months Days Hours Min.	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) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Italy	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME Antonio Pedretti	13b. MOTHER'S MAIDEN NAME Louisa Venegoni	14. NAME OF HUSBAND OR WIFE Serafino Cuchetti
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Serafino Cuchetti, Valley Park, Mo.
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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
IMMEDIATE CAUSE (a)	Cerebral Vascular Accident - thrombosis suspected	1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	5 yrs
	Generalized Arteriosclerosis	
	DUE TO (c)	6 yrs.
	Diabetes Mellitus	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Recent myocardial infarction	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 Kirkwood	COUNTY St. Louis	STATE Mo.
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21. I attended the deceased from 1957 to 11-16-60 and last saw her alive on 11-13-60 Death occurred at 1:22 am on the date stated above, and to the best of my knowledge, from the causes stated. CHARLES MILLER M.D.

22a. SIGNATURE <i>Charles Miller M.D.</i>	22b. ADDRESS 135 W. ADAMS	22c. DATE SIGNED 11-17-60
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23a. SPECIAL CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>	23b. DATE 11-19-60	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
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24. FUNERAL DIRECTOR Calcaterra Funeral Home, 5142 Daggatt Ave.	25. DATE RECD. BY LOCAL REG. 11-17-60	26. REGISTRAR'S SIGNATURE <i>John E. Murphy M.D.</i>
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DOCUMENT
MEDICAL CERTIFICATION
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
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St. Louis

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.