

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048294

STATE FILE NUMBER

FILED

Registration District No. **317**

Primary Registration District No. **500**

Registrar's No. **3693**

DOCUMENT

1. PLACE OF DEATH a. COUNTY Saint 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 Normandy		Length of stay in 1b 1 day	c. CITY OR TOWN Saint Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Osteopathic Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 8628 Oxford Lane		
3. NAME OF DECEASED (Type or print) First Raphael Middle Ralph Last Tivoli			4. DATE OF DEATH Month Dec. Day 22, Year 1960			
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 10-19-1903	9. AGE (last birthday) 57 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fruit & vegetable man			10b. KIND OF BUSINESS OR INDUSTRY fruit & vegetable Market	11. BIRTHPLACE (City and state or country) Italy		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Francesco Tivoli			13b. MOTHER'S MAIDEN NAME Giuseppe Caleca		14. NAME OF HUSBAND OR WIFE Virginia Tivoli	
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. UNK	17. INFORMANT Address Mrs. Virginia Tivoli-8628 Oxford Lane			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac arrest DUE TO (b) Pulmonary infarction DUE TO (c) Pulmonary Embolism 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					INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) 465x			
20c. TIME OF INJURY Hour A Month, Day, Year	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	COUNTY STATE	
21. I attended the deceased from 12-22-60 to 12-22-60 and last saw her alive on 12-22-60 Death occurred at 11:17 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) W. J. Gardner, M.D.			22b. ADDRESS 917 Airport Rd.		22c. DATE SIGNED 12-22-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Dec. 24-60	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis, Mo		
24. FUNERAL DIRECTOR ADDRESS Miceli & Sons 1150 N. Kingshighway			25. DATE RECD. BY LOCAL REG. 12-23-60	26. REGISTRAR'S SIGNATURE John B. Murphy, M.D.		

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 _____
Signature of Student Embalmer

Signed Harry E. Monro

Licensed Embalmer No. 4495

P. O. Address St. Louis, Mo.

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