MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-[illegible]

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3157 STATE FILE NUMBER 10567

FILED APR 14 1961

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: 50 yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Faith Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — COUNTY:
c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 5955 Wabada Ave — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First / Middle / Last: Matilda Tillie Cassino
4. DATE OF DEATH: Month / Day / Year: April 1 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: April 4 1884
9. AGE (last birthday): 76
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ownhouse
11. BIRTHPLACE (City and state or country): Italy
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: John Levarone
13b. MOTHER'S MAIDEN NAME: Louise Molinari
14. NAME OF HUSBAND OR WIFE: Frank
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.: no
17. INFORMANT: Ferdinand Salini — Address: 8218 Frederick

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): Anoxia — INTERVAL BETWEEN ONSET AND DEATH: 5 Min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Ac Tracheal Obstruction — 30 Min
DUE TO (c): Adenocarcinoma Thyroid Gland — ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Carcinomatosis Generalized
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.): 194x
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 3-29-61, to 4-1-61 and last saw her/him alive on 4-1-61
Death occurred at 9 P m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Nicholas Stale, MD (Degree or title)
22b. ADDRESS: 7130 Natural Bridge Rd
22c. DATE SIGNED: 4/7/61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: April 5, 1961
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis, Missouri
24. FUNERAL DIRECTOR: Miceli & Sons — ADDRESS: 1150 N.Kingshighway
25. DATE RECD. BY LOCAL REG.: APR. 4, 1961
26. REGISTRAR'S SIGNATURE: Earl Smith MD

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Anthony J. Mucelli

Licensed Embalmer No. 4277

P. O. Address St Louis

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.