ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

=61=011879
STATE FILE NUMBER

AMENDED ✓

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 856

FILED APR 10 1961

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

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) OR TOWN Florissant
Length of stay in 1b 3½ Yrs.

c. CITY OR TOWN Florissant
Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 250 St. Maurice La.
Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 250 St. Maurice La.
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First AUGUST Middle Last CARRARA

4. DATE OF DEATH Month Day Year 3-26-61

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 5-24-92

9. AGE (last birthday) 68

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) Tavern Owner

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (City and state or country) Fo Italy

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Giocondo Carrara

13b. MOTHER'S MAIDEN NAME Maria Marcketti

14. NAME OF HUSBAND OR WIFE Natalia Allazetta Carrara

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W W I

17. INFORMANT Address Natalia Carrara Florissant, Mo.

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) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: Immediate

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

DUE TO (b) Arteriosclerotic cardiovascular disease — 5 years

DUE TO (c)

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 January 1960, to March 26 1961 and last saw him alive on Feb. 15 1961

Death occurred at 10:30 AM March 26 1961 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Augustine James (Degree or title) M.D.

22b. ADDRESS 390 W. St Anthony Lane, Florissant, Mo.

22c. DATE SIGNED 3-27-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 3-29-61

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis, Missouri

24. FUNERAL DIRECTOR ADDRESS White-Mullen 118 N. Florissant, Rd. Ferg.

25. DATE RECD. BY LOCAL REG. 3-28-61

26. REGISTRAR'S SIGNATURE John R. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 Reinhold F. Lehmann

Licensed Embalmer No. 3395

P. O. Address St Louis 35

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.