

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-019557  
STATE FILE NUMBER

318 Primary Registration District No. 1003 Registrar's No. 4939

Registration District No. FILED JUN 8 1961

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH  
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **St. Louis** Length of stay in lb **10 days**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **St. Louis-Little Rock Hospitals, Inc.** 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 **Maplewood,** Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) **3632 Manhattan** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **Natale** Middle **-** Last **Trincherro**

4. DATE OF DEATH Month **May** Day **24,** Year **1961**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **Dec. 25, 1900** 9. AGE (last birthday) **60 yrs.** 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) **Chef** 10b. KIND OF BUSINESS OR INDUSTRY **Restaurant** 11. BIRTHPLACE (City and state or country) **Italy** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Unknown Trincherro** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Lena**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **yes** (If yes, give war or dates of service) **W.W.#1**

17. INFORMANT **Harry Maggiore** Address **above**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **General carcinomatosis** INTERVAL BETWEEN ONSET AND DEATH **10 days**  
DUE TO (b) **carcinoma of stomach** **8 months**  
DUE TO (c) **151X**

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 **May 13 - 1961** to **May 24, 1961** and last saw her/him alive on **May 24, 1961**  
Death occurred at **4:45 P.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **John M. Parato M.D.** 22b. ADDRESS **1755 South Grand Blvd.,** 22c. DATE SIGNED **5/25/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **5-27-61** 23c. NAME OF CEMETERY OR CREMATORY **Resurrection** 23d. LOCATION (City, town, or county) (State) **St. Louis Co. Mo.**

24. FUNERAL DIRECTOR ADDRESS **Jay B. Smith Funeral Home** **7456 Manchester** 25. PREPARED BY LOCAL REG. **25 1961** 26. REGISTRAR'S SIGNATURE **Earl Smith, M.D.**

**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

*Melvin Barteau*

Licensed Embalmer No.

*4903*

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.