

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026536  
STATE FILE NUMBER

318 Primary Registration District No. 1003 Registrar's No. 7358

AMENDED

FILED AUG 14 1961

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY															
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Length of stay in 1b		c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> * No <input type="checkbox"/>													
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Faith Hospital</i>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>819 Cole St.</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>												
3. NAME OF DECEASED (Type or print) First Middle Last <i>Leonardo Armeni</i>				4. DATE OF DEATH Month Day Year <i>August 5, 1961</i>															
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>Mar 20 1881</i>		9. AGE (last birthday) <i>80</i>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Shoe Mfg.</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>Shoe Mfg.</i>				11. BIRTHPLACE (City and state or country) <i>Italy</i>		12. CITIZEN OF WHAT COUNTRY <i>Italy</i>									
13a. FATHER'S NAME <i>Gaetano Armeni</i>				13b. MOTHER'S MAIDEN NAME <i>Carmella</i>				14. NAME OF HUSBAND OR WIFE <i>Maria</i>											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>				17. INFORMANT Address <i>Maria Armeni 819 Cole Street</i>															
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pulmonary edema</i> DUE TO (b) <i>arteriosclerotic heart disease 6 yrs</i> DUE TO (c) <i>Coronary sclerosis with infarction 2 yrs</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Prostatic hypertrophy - 420.0</i>										INTERVAL BETWEEN ONSET AND DEATH <i>2 weeks</i>									
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.)															
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		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 <i>7-20-61</i> to <i>Aug 5, 1961</i> and last saw him alive on <i>Aug 5, 1961</i> Death occurred at <i>9:15 P M</i> m on the date stated above, and to the best of my knowledge, from the causes stated.																			
22a. SIGNATURE (Degree or title) <i>Dominic J. Verba M.D.</i>						22b. ADDRESS <i>4500 Olive St</i>				22c. DATE SIGNED <i>8-7-61</i>									
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>			23b. DATE <i>August 9 1961</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>				23d. LOCATION (City, town, or county) (State) <i>St. Louis Missouri</i>										
24. FUNERAL DIRECTOR <i>Miceli &amp; Sons</i>				ADDRESS <i>1150 N. Kingshighway</i>				25. DATE RECD. BY LOCAL REG. <i>AUG 8 1961</i>		26. REGISTRAR'S SIGNATURE <i>Loan Smith M.D.</i>									

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 51  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harry E. Monroe

Licensed Embalmer No. 4495

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.