

MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE 318 1003 6572 61-027059 STATE FILE NUMBER

AMENDED  
 STATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

FILED JUL 26 1961

1. PLACE OF DEATH  
 a. COUNTY \_\_\_\_\_  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b \_\_\_\_\_  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. John's Hospital** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Missouri** b. COUNTY \_\_\_\_\_  
 c. CITY OR TOWN **St. Louis** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **2342 Sublette Ave.** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
**Jasper LoNigro** **July 14, 1961**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married   
 Widowed  Divorced  8. DATE OF BIRTH **11/11/1895** 9. AGE (last birthday) **65**  
 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) **Retired Engineer** 10b. KIND OF BUSINESS OR INDUSTRY **City of St. Louis** 11. BIRTHPLACE (City and state or country) **Italy** 12. CITIZEN OF WHAT COUNTRY **U.S.**

13a. FATHER'S NAME **Frank LoNigro** 13b. MOTHER'S MAIDEN NAME **Josephine (Unknown)** 14. NAME OF HUSBAND OR WIFE **Jennie**

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. \_\_\_\_\_ 17. INFORMANT Address **Jennie LoNigro, 2342 Sublette Ave.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Bilateral Broncho-pneumonia** 3 days  
 DUE TO (b) **Left Cerebral infarction from Embolism** 4 days  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. **Recent Myocardial infarction + intra cardiac clot** 7 days?  
 DUE TO (c) \_\_\_\_\_  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Marked Coronary arteries sclerosis**  
 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.) **4201**

20c. TIME OF INJURY Hour Month, Day, Year  
 a.m. p.m.

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 **7-10-1961** to **7-14-61** and last saw him alive on **7-13-61**  
 Death occurred at **2 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Charles Montani MD** 22b. ADDRESS **5147 Daggett Ave** 22c. DATE SIGNED **7-14-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **7-17-61** 23c. NAME OF CEMETERY OR CREMATORY **Resurrection Cemetery** 23d. LOCATION (City, town, or county) **St. Louis Mo., Mo.** (State) \_\_\_\_\_

24. FUNERAL DIRECTOR **Calcaterra Funeral Home, 5142 Daggett Ave.** ADDRESS \_\_\_\_\_ 25. DATE RECD. BY LOCAL REG. **JUL 14 1961** 26. REGISTRAR'S SIGNATURE **Paul Smith MD**

**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 Stanley E. Arson

Licensed Embalmer No. 4193

P. O. Address S. L.

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.