

STATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

Registration District No. 318
 FILED SEP 18 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. CITY OR TOWN **St. Louis** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **5218 Murdoch Ave.** Inside Limits Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
MARIO(MIKE) CAIMI Sep. 5 1961

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH **12-8-1891** 9. AGE (last birthday) **69** IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Proprietor-Tavern** 10b. KIND OF BUSINESS OR INDUSTRY **Tavern** 11. BIRTHPLACE (City and state or country) **Italy** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Ferrante Caimi** 13b. MOTHER'S MAIDEN NAME **Giovanna Marlotti** 14. NAME OF HUSBAND OR WIFE **Lena Caimi**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT Address **Lena Caimi 5218 Murdoch 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) **generalized Metastasis**
 DUE TO (b) **Squamous Cell Carcinoma oral Cavity**
 DUE TO (c)
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 INTERVAL BETWEEN ONSET AND DEATH **6 Mos +**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **144X**
 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 **4-14-1961** to **9-5-1961** and last saw him alive on **9-5-1961**
 Death occurred at **9:30 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Charles Montani M.D.** 22b. ADDRESS **5147 Daggett Ave** 22c. DATE SIGNED **9-6-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **Sep. 8, 1961** 23c. NAME OF CEMETERY OR CREMATORY **Resurrection Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis Co. Mo.**

24. FUNERAL DIRECTOR ADDRESS **Kriegshausen 4228 S. Kingshighway Blvd.** 25. DATE RECD. BY LOCAL REG. **SEP 7 1961** 26. REGISTRAR'S SIGNATURE **Karl 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 Edwin A. McArthur

Licensed Embalmer No. 3024

P. O. Address _____

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.