

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8509

AMENDED

FILED SEP 21 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b		c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3419 Gasconade St. Lady of Perpetual Help Nursing Home</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <u>5960 Vivian Ave.</u>		(If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <u>NICOLA (NICK) COREA</u>				First		Middle		Last			
4. DATE OF DEATH <u>SEPT. 12 1961</u>		Month		Day		Year					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>9/23/1885</u>		9. AGE (last birthday) <u>75</u>			
IF UNDER 1 YEAR Months		IF UNDER 24 HR Days		Hours		Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Music Seller</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Self-employed</u>			11. BIRTHPLACE (City and state or country) <u>Italy</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Unknown</u>				13b. MOTHER'S MAIDEN NAME <u>Unknown</u>				14. NAME OF HUSBAND OR WIFE <u>Maria Corea</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no, unknown, if yes, give year or date of service)						17. INFORMANT <u>Sal Maniaci 5960 Vivian Ave.</u>				Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> DUE TO (b) <u>A C H D U</u> DUE TO (c) <u>Diabetes mellitus</u>								INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u> <u>years</u> <u>years</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) <u>260x</u>								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 a.m. p.m.		Month, Day, Year									
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 <u>2/3/56</u> to <u>9/12/61</u> and last saw him alive on <u>8/20/61</u> Death occurred at <u>700A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Name or title) <u>Rosent A Bauer MD</u>						22b. ADDRESS <u>Northland Med Bldg</u>			22c. DATE SIGNED <u>9/12/61</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9/15/1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>			23d. LOCATION (City, town, or county) <u>St. Louis</u>		STATE <u>Mo.</u>		
24. FUNERAL DIRECTOR <u>JOHN STYGAR &amp; SON - 5541 RIVERVIEW BLVD</u>					25. DATE RECD. BY LOCAL REG. <u>SEP 13 1961</u>		26. REGISTRAR'S SIGNATURE <u>Loan Smith, M.D.</u>				

**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 *W. R. Rister*

Licensed Embalmer No. 3980

P. O. Address St. Louis, Mo.

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.