

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-039101
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9476

FILED OCT 26 1961

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	
Length of stay in 1b <u>50 yrs</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>828 Carr</u>		d. STREET ADDRESS (If outside, give location) <u>828 Carr</u>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Josephine Middle Randazzo Last

4. DATE OF DEATH Month Oct Day 12 Year 1961

5. SEX female 6. COLOR OR RACE white 7. Married Never Married
Widowed Divorced

8. DATE OF BIRTH 2/26/99 9. AGE (last birthday) 62

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) seamstress

10b. KIND OF BUSINESS OR INDUSTRY ladies clothing

11. BIRTHPLACE (City and state or country) Italy

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Joseph Lauricella 13b. MOTHER'S MAIDEN NAME Margaret Palazzolo 14. NAME OF HUSBAND OR WIFE Sam

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no 16. SOCIAL SECURITY NO. 17. INFORMANT Sam Randazzo Address 828 Carr

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary sclerosis with INTERVAL BETWEEN ONSET AND DEATH 6 mo
DUE TO (b) acute myocardial infarction 30 min
DUE TO (c) arteriosclerotic heart disease 1 yr.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) arthritic left shoulder

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.) 420.0

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 Oct 10, 1961 to Oct 12, 1961 and last saw her alive on Oct 10, 1961
Death occurred at 3:00 P M m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dominic J. Verda M.D. 22b. ADDRESS 4500 Olive St 22c. DATE SIGNED 10-13-61

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE Oct 16 1961 23c. NAME OF CEMETERY OR CREMATORY Calvary 23d. LOCATION (City, town, or county) (State) St. Louis, Mo

24. FUNERAL DIRECTOR Miceli ADDRESS 1150 N. Kinrossway 25. DATE RECD. BY LOCAL REG. OCT 13 1961 26. REGISTRAR'S SIGNATURE Loan Smith M.D.

STATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

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

Anthony Michel

Licensed Embalmer No. 4297

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.