SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

-61-042245

STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10546

FILED NOV 28 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. 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 ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St.John's Hospital

Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 5320 Elizabeth

Reside on Farm Yes ☐ No ☒

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

4. DATE OF DEATH Month November Day 11, Year 1961

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 3/6/1882

9. AGE (last birthday) 79

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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (City and state or country) Italy

12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Paul Calcaterra

13b. MOTHER'S MAIDEN NAME Francesca (Unknown)

14. NAME OF HUSBAND OR WIFE Carlo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Charles Calcaterra, Address 5320 Elizabeth

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Bile Peritonitis following Surgery — INTERVAL BETWEEN ONSET AND DEATH: 30 hours

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

DUE TO (b) acute Cholecystitis with stones — 3 weeks

DUE TO (c) and Common duct stones

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

584 x

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 10-23-61 to 11-11-61 and last saw her alive on 11-10-61

Death occurred at 12 40 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Charles Montani (Degree or title) M.D.

22b. ADDRESS 5147 Daggett Ave

22c. DATE SIGNED 11-13-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 11-14-61

23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery

23d. LOCATION (City, town, or county) St.Louis Co., Mo. (State)

24. FUNERAL DIRECTOR Calcaterra Funeral Home, ADDRESS 5142 Daggett Ave.

25. DATE RECD. BY LOCAL REG. NOV 13 1961

26. REGISTRAR'S SIGNATURE Earl 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 Elmo R. Cadwell

Licensed Embalmer No. 4077

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.