SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-042993
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11033

FILED DEC 1 1961

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

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. Louis City Hospital #1 — Inside Limits Yes ☐ No ☐

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

c. CITY OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location): 2506 Sulphur Ave. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Joseph — Middle — Last Verde

4. DATE OF DEATH: Month November — Day 24 — Year 1961

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 1-4-1872

9. AGE (last birthday): 89 — 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): Lamplighter-City of St.

10b. KIND OF BUSINESS OR INDUSTRY: Louis

11. BIRTHPLACE (City and state or country): Italy

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Anthony Verde

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Late Francesca Verde

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

17. INFORMANT Address: Anna Mattera 2506 Sulphur Ave.

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): Uremia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Chronic Pyelonephritis 600.0
DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH

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

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 11-10-61, to 11-24-61 and last saw her/him alive on 11-24-61
Death occurred at 5:00 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John McGenough MD

22b. ADDRESS: 1515 Lafayette Ave

22c. DATE SIGNED: 11-24-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Nov. 28, 1961

23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

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

24. FUNERAL DIRECTOR — ADDRESS: Kriegshauser 4228 S. Kingshighway Blvd.

25. DATE RECD. BY LOCAL REG.: NOV 27 1961

26. REGISTRAR'S SIGNATURE: Carl 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_____ Signed Ernest W. Spill

Signature of Student Embalmer

Licensed Embalmer No. 4080

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.