

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045318

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 163 Primary Registration District No. 5596 Registrar's No. 71

FILED DEC 26 1961

AMENDED

DATE AMENDED

INSTEAD OF

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY JEFF.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN DESOTO VALLE		Length of stay in 1b 10 mo.	c. CITY OR TOWN DESOTO Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PHARES REST HOME		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 216 N. THIRD Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last META ELISA CICARDI			4. DATE OF DEATH Month Day Year DEC. 18 1961
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/11/80
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		9b. AGE (last birthday) 81	9c. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY *	10c. BIRTHPLACE (City and state or country) ST. LOUIS MO.
10d. CITIZEN OF WHAT COUNTRY U.S.A.		11. BIRTHPLACE (City and state or country) ST. LOUIS MO.	
13a. FATHER'S NAME F. R. B. VON STEINMETZ		13b. MOTHER'S MAIDEN NAME BARBARA FISCHER	14. NAME OF HUSBAND OR WIFE EMANUEL CICARDI
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	17. INFORMANT Address LYNDALL S. LESTER BLACKWELL MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Essential Hypertension			INTERVAL BETWEEN ONSET AND DEATH 7yr +
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Sensitivity			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 Sept. 20, 1954 to Dec. 18, 1961 and last saw her ^{her} _{him} alive on Dec. 18, 1961 Death occurred at Desoto Mo. 11:45a on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Chas E. Tallet MD (Degree or title)		22b. ADDRESS Desoto Mo.	22c. DATE SIGNED 12-19-61
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE DEC. 21 1961	23c. NAME OF CEMETERY OR CREMATORY FAMILY CEMETERY	23d. LOCATION (City, town, or county) BLACKWELL MO.
24. FUNERAL DIRECTOR ADDRESS DIETRICH F. HOME, DESOTO MO.		25. DATE RECD. BY LOCAL REG. Dec. 20-1961	26. REGISTRAR'S SIGNATURE Marie Harris

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 Donald B. Dietz

Licensed Embalmer No. 4104

P. O. Address Delato M

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.