

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047233

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3529 STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH
 a. COUNTY St. Louis
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton Length of stay in 1b 5 days
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hosp. Inside Limits Yes No
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY St. Louis
 c. CITY OR TOWN Bridgeton Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 3945 Ravena Ave., Residence on Farm Yes No

3. NAME OF DECEASED (Type or print) First ANTONIA Middle Indelicata Last
4. DATE OF DEATH Month Dec. Day 10 Year 1961
5. SEX F **6. COLOR OR RACE** White **7. Married** Never Married Widowed Divorced
8. DATE OF BIRTH 1-6-1883 **9. AGE** (last birthday) 78 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) Garment worker **10b. KIND OF BUSINESS OR INDUSTRY** Dresses **11. BIRTHPLACE** (City and state or country) Italy **12. CITIZEN OF WHAT COUNTRY** U.S.A.
13a. FATHER'S NAME Unknown **13b. MOTHER'S MAIDEN NAME** Unknown **14. NAME OF HUSBAND OR WIFE** Severio (dcd)
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.** None **17. INFORMANT** Carlo DeFrancis-Ft. A., Address 3841 Pardue, Texas

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Cerebral thrombosis
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis
 DUE TO (c) Generalized arteriosclerosis
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Anemia + malnutrition
 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 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 Dec 5, 1961 to Dec 10, 1961 and last saw her/him alive on Dec 10, 1961
 Death occurred at 9⁰⁰ A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Name or title) Robert L. Howe MD **22b. ADDRESS** 601 S. Brentwood Bl. **22c. DATE SIGNED** 12/14/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial **23b. DATE** 12-13-1961 **23c. NAME OF CEMETERY OR CREMATORY** St. Mary's Cemetery **23d. LOCATION** (City, town, or county) (State) Bridgeton, Missouri

24. FUNERAL DIRECTOR Baumann Bros. Inc. ADDRESS 2504 Woodson Rd., Overland 14, Mo. **25. DATE RECD. BY LOCAL REG.** 12-12-61 **26. REGISTRAR'S SIGNATURE** John E. Murphy, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

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 David C. Gibson

Licensed Embalmer No. 3452

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.