

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009259

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 569

1. PLACE OF DEATH
 a. COUNTY Saint Louis
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy Length of stay in lb 3 days
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Osteopathic Hosp. Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri COUNTY ST LOUIS
 c. CITY OR TOWN Saint Louis Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 827 Albion Dr. Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Anthony LaFata Feb. 15, 1962
 5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH June 10, 1886 9. AGE (last birthday) 76 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) Retired 10b. KIND OF BUSINESS OR INDUSTRY Farming 11. BIRTHPLACE (City and state or country) Italy 12. CITIZEN OF WHAT COUNTRY Italy

13a. FATHER'S NAME Frank LaFata 13b. MOTHER'S MAIDEN NAME Angela Mandala 14. NAME OF HUSBAND OR WIFE Angela

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. none 17. INFORMANT Frank LaFata 827 Lebon Dr. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Cardiac arrest due to peripheral vascular
 DUE TO (b) Collaps + shock due to trauma
 (c) due to massive embolus in terminal coronary
 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) Carcinoma (Colon) 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 2-12-62 to 2-15-62 and last saw her/him alive on 2-14-62
 Death occurred at 6:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Dee or title) David D. Gardner, M.D. 22b. ADDRESS 7520 Metcalf Bridge 22c. DATE SIGNED 2-15-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE Feb. 17, 1962 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 23d. LOCATION (City, town, county) (State) St. Louis Mo.

24. FUNERAL DIRECTOR Miceli 1150 No. Kingshighway ADDRESS 25. DATE RECD. BY LOCAL REG. 2-16-62 REGISTRAR'S SIGNATURE J. C. Murphy, M.D.

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 J. Miceli

Licensed Embalmer No. 4277

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.