

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-024899

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5880

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS MO</u>		Length of stay in lb <u>3 WKS.</u>	c. CITY OR TOWN <u>UNIVERSITY CITY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MO. BAPTIST HOSP.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>I305 EASTOVER</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED First Middle Last <u>PETER LUCIDO</u>			4. DATE OF DEATH Month Day Year <u>6 12 62</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-29-1896</u>
9. AGE (last birthday) <u>65</u>		IF UNDER 1 YEAR Months Days Hours	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mc BRIDE CONST.</u>	11. BIRTHPLACE (City and state or country) <u>ITALY N.C.</u>
12. CITIZEN OF WHAT COUNTRY <u>N.C.</u>		13a. FATHER'S NAME <u>JASPER LUCIDO</u>	
13b. MOTHER'S MAIDEN NAME <u>FRANCES RUSSO</u>		14. NAME OF HUSBAND OR WIFE <u>PEARL LUCIDO</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <u>NO</u> or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>PEARL LUCIDO I305 EASTOVER</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: <u>Adenocarcinoma of Pancreas</u>			INTERVAL BETWEEN ONSET AND DEATH <u>8 months</u>
IMMEDIATE CAUSE (a)			
DUE TO (b)			<u>157X</u>
DUE TO (c)			
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. <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.) <u>3-6-59</u>	20f. CITY, TOWN, OR LOCATION <u>6-12-62</u>	COUNTY	STATE
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at <u>I. 15am</u> on the date stated above and to the best of my knowledge, from the causes stated. <u>DRENNAN BAILEY, M.D.</u>		22a. SIGNATURE (Degree or title) <u>Drennan Bailey MD</u>	
22b. ADDRESS <u>6356 CLAYTON ROAD ST. LOUIS 17, MO.</u>		22c. DATE SIGNED <u>6-12-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>6-15-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEM.</u>	23d. CITY, TOWN, OR COUNTY (State) <u>ST. LOUIS MO</u>
24. FUNERAL DIRECTOR <u>KRIEGSHAUSER</u>	ADDRESS <u>9450 OLIVE ST RD</u>	25. DATE RECD. BY LOCAL REG. <u>JUN 13 1962</u>	26. REGISTRAR'S SIGNATURE <u>Neal Smith, M.D.</u>

DR. DRENNAN BALLEEY
6356 CLAYTON AVE.
MI-7-3834

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 Ernest W. Spillers
Licensed Embalmer No. 4080

P. O. Address _____

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.