MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-025060

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6316

FILED JUL 2 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: 50 yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Faith Hospital — Inside Limits: Yes ☐* No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY:
c. CITY OR TOWN: St. Louis — Inside Limits: Yes* ☐ No ☐
d. STREET ADDRESS (If outside, give location): 3636a Arsenal — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First / Middle / Last: Salvatore Sam Pizzimenti

4. DATE OF DEATH: Month / Day / Year: June 23 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married* ☐ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Nov 2 1899
9. AGE (last birthday): 62 — 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): Shoe Factory
10b. KIND OF BUSINESS OR INDUSTRY: Shoe Factory
11. BIRTHPLACE (City and state or country): Italy
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Joseph Pizzimenti
13b. MOTHER'S MAIDEN NAME: Grace Orlando
14. NAME OF HUSBAND OR WIFE: Dorothy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv
O. 80
17. INFORMANT: Dorothy Sapienza Pizzimenti — Address: 3636a Arsenal

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): Melastatic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Adenocarcinoma Pancreas — 9 mos
DUE TO (c): 157X

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 9/14/56, to 6/23/62 and last saw her/him alive on 6/23/62
Death occurred at 1:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert A Bauer M D
22b. ADDRESS: Northland Med Bldg
22c. DATE SIGNED: 6/25/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 27 1962
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis Mo

24. FUNERAL DIRECTOR — ADDRESS: Miceli & Sons 1150 N. Kingshighway
25. DATE RECD. BY LOCAL REG.: JUN 26 1962
26. REGISTRAR'S SIGNATURE: Hand 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_____
Signature of Student Embalmer

Signed Harvey Kahle

Licensed Embalmer No. 4596

P. O. Address St Louis, MO

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.