

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-029618

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2132 STATE FILE NUMBER

VS 300 Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN COOL VALLEY MO Length of stay in 1b 4 MONTHS

c. CITY OR TOWN ST. LOUIS Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HILL TOP HOME Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 4938 BOTANICAL Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last MINNIE (DOMINICA) VIOLETTA

4. DATE OF DEATH Month Day Year 7 - 20 - 62

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH 4-22-1888 9. AGE (last birthday) 74

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE 10b. KIND OF BUSINESS OR INDUSTRY NOIVE 11. BIRTHPLACE (City and state or country) TURIN, ITALY 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME DOMICK TIRASSA 13b. MOTHER'S MAIDEN NAME CATHERINA FOLIS 14. NAME OF HUSBAND OR WIFE ALBERT VIOLETTA

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. NOIVE 17. INFORMANT EDWARD VIOLETTA 4940 BOTANICAL 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) Arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH -?

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)

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 March 15 - 1962 to July 20 - 1962 and last saw her alive on July 20 - 1962. Death occurred at 1:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John G. McJannet MD 22b. ADDRESS 5014 Thekla Av. 22c. DATE SIGNED 7/21/62

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 23b. DATE 7-23-1962 23c. NAME OF CEMETERY OR SAN CARLOS 23d. LOCATION (City, town, or county) (State) HERRIN ILL

24. FUNERAL DIRECTOR HOWARD H. MICHEL 5930 SOUTHWEST ADDRESS 25. DATE RECD. BY-LOCAL REG. 7-21-62 26. REGISTRAR'S SIGNATURE James W. Humphrey MD

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

Guertzo W. Quiterke

Licensed Embalmer No.

4329

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.