

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043222

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 167 Primary Registration District No. 5594 Registrar's No. 138

**FILED NOV 21 1962**

DO NOT WRITE ON THIS STUB	AMENDED	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
VS 300 Rev. 4/59					
10500					
24004					
3					
4 0					
5 1					
6					
7 2					
8 2					
9331X					
10					
11					
12 86-0					
13 2-0					
ITEM NO.	SHOULD READ				BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural-Meramec</u>		Length of stay in 1b <u>19 months</u>	c. CITY OR TOWN <u>Maplewood</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph Hill Infirmary</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2247 Blendon Pl.</u>
3. NAME OF DECEASED (Type or print) First <u>(Sam) SEVERINO</u> Middle Last <u> OBERDAN</u>		4. DATE OF DEATH Month <u>November</u> Day <u>4</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>12/21/78</u>
9. AGE (last birthday) <u>83</u>		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) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Coal Miner</u>	11. BIRTHPLACE (City and state or country) <u>Rome, Italy</u>
12. CITIZEN OF WHAT COUNTRY <u>Italy</u>		13a. FATHER'S NAME <u>? Oberdan</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Josephine Mazzetti Oberdan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>No</u>		16. SOCIAL SECURITY NO. <u>[Redacted]</u>	
17. INFORMANT <u>Brother Leonard, St. Joseph Hill Infirmary</u>		Address <u>Eureka, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic accident</u> Conditions, if any, which gave rise to above cause (e), stating the underlying cause last. DUE TO (b) <u>general arteriosclerosis &amp; cerebral</u> DUE TO (c) <u>and cardiovascular involvement.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
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 <u>10.40 am</u> Month, Day, Year <u>March 1961</u> to <u>Nov 1962</u> and last saw him alive on <u>10/28/62</u> .	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.)		20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>March 1961</u> to <u>Nov 1962</u> and last saw him alive on <u>10/28/62</u> . Death occurred at <u>10.40 am</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>P. B. Hogan MD.</u>	
22b. ADDRESS <u>3654 South Grand St. Louis 18</u>		22c. DATE SIGNED <u>11/6/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>11/5/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Ferdinand Cemetery</u>	23d. LOCATION (City, town, or county) <u>Florissant, Mo.</u>
24. FUNERAL DIRECTOR <u>Louis H. Bopp, Inc., Kirkwood, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11-6-62</u>	26. REGISTRAR'S SIGNATURE <u>Robert E. Bauer</u>

Dr. Patrick C. Hogan  
 3654 A. Grand  
 USE BLACK INK  
 OR  
 TYPEWRITER RIBBON

NOV 26 1962

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 Francis J. Wyland Jr

Licensed Embalmer No. 4512

P. O. Address Richwood, 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.