MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-018046

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4225

FILED APR 23 1963

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

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: 6 Hrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: De Paul Hospital — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Florissant, — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 1265 Bobolink Dr. — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Grace — Middle: — Last: Pagano

4. DATE OF DEATH: Month — Day — Year: 4-15-63

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-14-98
9. AGE (last birthday): 64
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): At Home
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (City and state or country): Italy
12. CITIZEN OF WHAT COUNTRY: Italy

13a. FATHER'S NAME: Philip Manzella
13b. MOTHER'S MAIDEN NAME: Grace Leona
14. NAME OF HUSBAND OR WIFE: Joseph Pagano

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of servi None
16. SOCIAL SECURITY NO.:
17. INFORMANT: Joseph Pagano Address: Florissant, Missouri

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): Myocardial infarction with rupture of left ventricle — INTERVAL BETWEEN ONSET AND DEATH: 1day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 4201

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 April 14, 1963 to April 15, 1963 and last saw her/him alive on April 15, 1963
Death occurred at 5:40 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title): MD
22b. ADDRESS: 3720 Washington Ave.
22c. DATE SIGNED: 4-16-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 4-18-63
23c. NAME OF CEMETERY OR CREMATORY: Sacred Heart Cemetery
23d. LOCATION (City, town, or county) (State): Florissant, Missouri

24. FUNERAL DIRECTOR — ADDRESS: White-Mullen 118 N. Florissant Rd. Ferg.
25. DATE RECD. BY LOCAL REG.: APR 16 1963
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

OK Helen L. Taylor Coroner 4-16-63

Rev. Vanzinas
3720 Shaslington

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 _____ Signed Reinhold K. Lehmann
Signature of Student Embalmer

Licensed Embalmer No. 3395

P. O. Address Berkeley 34, Mass.

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.