

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033404
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8610

FILED AUG 29 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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2 216
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <u>Mo.</u> b. COUNTY		c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4128 Oleatha</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>4128 Oleatha</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Rose</u> Middle <u>A.</u> Last <u>Baranovic</u>				4. DATE OF DEATH Month <u>Aug.</u> Day <u>24</u> Year <u>1963</u>		5. SEX <u>Female</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>11/20/13</u>		9. AGE (last birthday) <u>49</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>Beauty Operator</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Whistler, Alabama</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Antonio Campanella</u>			13b. MOTHER'S MAIDEN NAME <u>Concetti Limanni</u>			14. NAME OF HUSBAND OR WIFE <u>Michael</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>No</u>			16. SOCIAL SECURITY NO. <u>99</u>		17. INFORMANT <u>4128 Oleatha Michael Baranovic</u>				
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Garcinoma of the kidney</u>								INTERVAL BETWEEN ONSET AND DEATH <u>9 month</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								<u>180x</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 checked="" 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.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>February 1963</u> to <u>8/24/63</u> and last saw her alive on <u>8/15/63</u> Death occurred at <u>8/24/63</u> <u>1:00 P</u> .m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Joseph J. Walters</u>					22b. ADDRESS <u>M.D. 600 Union Blvd. St. Louis</u>			22c. DATE SIGNED <u>8/26/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY.		23d. LOCATION (City, town, or county)		(State)	
<u>Burial</u>		<u>8/27/63</u>		<u>Calvary Cem.</u>		<u>St. Louis</u>		<u>Mo.</u>	
24. FUNERAL DIRECTOR <u>Moydell Funeral Home 1926 Allen</u>					25. DATE REG. BY LOCAL REG. <u>AUG 26 1963</u>		26. REGISTRAR'S SIGNATURE <u>Roan Smith. M.D.</u>		

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 Harley F. Jolley Jr
Licensed Embalmer No. 4950

P. O. Address St Louis

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.