

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024123

STATE FILE NUMBER

FILED JUL 11 1958
XC20 474 615
R#120659

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1623

5. 300
1-57

1. PLACE OF DEATH a. COUNTY ST. LOUIS			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY MACOUPIN		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS 23, MO.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN BENLD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL		Length of stay in lb 59 Days	d. STREET ADDRESS (If outside, give location) 103 S. 7th STREET		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) LOUIS (NMI) CARPANI			4. DATE OF DEATH Month JUNE Day 15 Year 1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT. 7, 1918	9. AGE (In years last birthday) 39	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COAL MINER & LABORER		10b. KIND OF BUSINESS OR INDUSTRY MINING & STEEL MILL	11. BIRTHPLACE (City and state or country) BENLD, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME ANTONIO CARPANI		13b. MOTHER'S MAIDEN NAME ISOLA VENTURI		14. NAME OF HUSBAND OR WIFE ELLEN CARPANI	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES NW-II		16. SOCIAL SECURITY NO. 327187285		17. INFORMANT Address VA HOSPITAL RECORDS, JEFF BRKS. 23, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL HEMORRHAGE				INTERVAL BETWEEN ONSET AND DEATH 14 HOURS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DIABETES MELLITUS				5 YEARS	
DUE TO (c) HYPERTENSIVE CARDIOVASCULAR DISEASE				5 YEARS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) INTERCAPILLARY GLOMERULOSCLEROSIS				5 YEARS	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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. <input checked="" type="checkbox"/> attended the deceased from 4-17-58 to 6-15-58 Death occurred at 2:10AM 6-15-58 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W. Oppler (Degree or title) W. OPPLER, M.D., Director Professional Services, Vet Adm Hosp, Jeff Brks Mo.			22b. ADDRESS		22c. DATE SIGNED 6-16-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6/16/58	23c. NAME OF CEMETERY OR CREMATORY Benld, Ill		23d. LOCATION (City, town, or county) (State) Benld, Ill
24. FUNERAL DIRECTOR ADDRESS Edward Fendler 5611 South Grand Blvd.			25. DATE RECD. BY LOCAL REG. 6-16-58	26. REGISTRAR'S SIGNATURE Herbert R. Donkey	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

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 Hasley F. Koeller 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.