MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

10914

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 2738

City St Louis (No. 7610 Reily Ave St. ..... Ward)

2. FULL NAME Louis Vitali

(a) Residence. No. 7610 Reily Ave St., 1 Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frances Vitali

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 17 1905

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
22	4	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Shipping Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Peter Vitali
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Italy
12. MAIDEN NAME OF MOTHER Mary Amicar.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Italy

14. INFORMANT Francis Vitali
(Address) 7610 Reily - Ave

15. FILED MAR 11 1923, 19.... Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3 - 9 - 1928

17. I HEREBY CERTIFY, That I attended deceased from March 3rd, 1928, to March 9th, 1928, that I last saw him alive on March 9th, 1928, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia

1083 1018 (duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Findings
(Signed) Frank J. Schwarz, M. D
3/9, 1928 (Address) 5530 Virginia Ave.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt Hope Cem
DATE OF BURIAL: Mar 12 1928

20. UNDERTAKER: Fendler Und. Co
ADDRESS: 7819 Michigan

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.