

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

Do not use this space.

7584

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1008

City.....

(No. 5020 Beraldine) St. Ward

File No.

Registered No. 1920

St.

Ward

2. FULL NAME

Dominick Vitale

(a) Residence No. 5020 Beraldine

St., 7

Ward.

(If nonresident, give city or town and State)

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)

Widowed

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

Mary Grace Vitale

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

June 15 1872

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

58

7

26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

BAKER

(b) General nature of industry, business, or establishment in which employed (or employer)

RETIRED

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Italy

10. NAME OF FATHER

Frank Vitale

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Italy

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Italy

14.

INFORMANT

(Address)

Sam Vitale
5020 Beraldine Ave

15.

FILED

19

FEB 13 1921

Max Vitale

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

FEB 11 1921

17.

I HEREBY CERTIFY, That I attended deceased from

Dec 31 1920 to Feb 11 1921

that I last saw him alive on Feb 11 1921 and that death occurred, on the date stated above, at 12:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocardial Disease

930

CONTRIBUTORY (SECONDARY)

Thrombosis Femoral Artery
Phlegmon Lt Foot & Leg
Insulin Diabetic

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF 0

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

Clinical & Lab

(Signed)

J. Nakada

M. D.

2/12 1921

(Address)

4500 Olive

*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

DATE OF BURIAL

Calvary

FEB 14 1921

20. UNDERTAKER

ADDRESS

Bensiek-Mehaus

1138 N 6th

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Handwritten text, possibly a signature or date, located in the bottom left corner of the page.