REC'D OCT 12 1938

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

30371
Do not use this space.

791

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 7808
(c) City St. Louis (d) Street No. Faith Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 36 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Francesco Mieli 4 ...
(a) Residence, No. 1101 No. 7 th St St. 25
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: Rosaria Mieli

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 25, 1877

7. AGE: YEARS 61 | MONTHS 5 | DAYS 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. clerk
9. Industry or business in which work was done, as saw mill, bank, etc. grocery
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown Italy

FATHER
13. NAME: Giuseppe Mieli
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown Italy

MOTHER
15. MAIDEN NAME: Salvatora Aielli
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown Italy

17. INFORMANT (ADDRESS): Rosaria Mieli 1101 No. 7 th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Sept. 5 1938

19. FUNERAL DIRECTOR (ADDRESS): P. Miceli & Son 1150 No. Kingshighway Bl.

20. FILED ..... 19 ..... J. F. Bredeck Local Registrar.

SEP - 3 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-2-1938

22. I HEREBY CERTIFY, That I attended deceased from 8-1-1936, to 9-2-1938
I last saw him alive on 9-1-1938. Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	9/1/38

Other contributory causes of importance:

Carcinoma Caecum	?
Urethral Strictures	?
Peri-nephritic Abscess	?

Name of operation Drainage Abscess Date of 8-30-38
What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Nicholas S. Vitale, M. D.
(Address) 3861 St Louis Ave

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Arnold W. Schoene, Licensed Embalmer No. 3864

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)