

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39
1 X1951

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.

Registration District No. 1003

Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Faith Hospital
(d) Length of stay: In hospital or institution 2 hours
In this community 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri
(b) County 1
(c) City or town St. Louis
(d) Street No. 1316 Blair Ave.
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Guiseppi Vitale
(b) If veteran, name war none
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 16
year 1939 hour 1 minute 40 a.m.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Josephine Vitale
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Jan. 13. 1884

21. I hereby certify that I attended the deceased from Oct 7, 1939, to Oct 16, 1939
that I last saw him alive on Oct 13 1939, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years 55 Months 9 Days 3
If less than one day hr. _____ min. _____

Immediate cause of death myocarditis chronic (decompensated)
Due to not known
Due to _____

9. Birthplace Italy
(City, town, or county) (State or foreign country)

Other conditions Hypertension
(Include pregnancy within 6 months of death)

10. Usual occupation Fruit Dealer

Major findings: Of operations no operation
Of autopsy none made

11. Industry or business Fruit and Vegetables
12. Name Vincenzo Vitale
13. Birthplace Italy
14. Maiden name Vita Cottone
15. Birthplace Italy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant's own signature Vitale & in coffin
(b) Address 1316 Blair Ave.
17. (a) Burial (b) Date thereof Oct. 18. 39
(c) Place: burial or cremation Calvary Cemetery

While at work? (Specify type of place) (e) Means of injury _____
23. Signature Dudley B. Smith (M. D. or other) _____
Address University Club Bldg Date signed 10/16/39

18. (a) Signature of funeral director J. B. Briden
(b) Address 1431 Union Blvd.
19. (a) Oct 17 1939 (b) J. B. Briden
(Date received local registrar) (Registrar's signature)

*Mr. Bennett
W. Clark B. 3-1-15*

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Larry M. White*

Licensed Embalmer No. *3973*

P. O. Address.....

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 this body is not embalmed, above space should be left blank.