

FILED MAY 6 1943
Registration District No. **17**

Primary Registration District No. **3069**

Registrar's No. **1007**

1. PLACE OF DEATH

(a) County **Jefferson**

(b) City or town **Richmond, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Moores Nursing Home 7307 Hoover Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **John Vergussi**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

4. Sex **male**

5. Color or race **white**

6. (a) Single, widowed, married, divorced **wid**

6. (b) Name of husband or wife **Ernesta Vergussi**

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **June 29 1863**
(Month) (Day) (Year)

8. AGE: Years **79** Months **9** Days **27**
If less than one day _____ hr. _____ min.

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

10. Usual occupation **retired**

11. Industry or business _____

12. Name **unknown**

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name **unknown**

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant **Joseph Vergussi**

(b) Address **High Ridge Mo**

17. (a) **burial**
(Burial, cremation, or removal)

(b) Date there **Apr 29 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **old St. Peter's Church**

18. (a) Signature of funeral director **Paul C. Calcester**

(b) Address **5142 Daggert Ave**

19. (a) **APR 28 1943**
(Date received local registrar)

(b) **[Signature]**
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo**

(b) County **50**

(c) City or town **High Ridge Mo**
(If outside city or town limits, write "RURAL")

(d) Street No. **Hoover Ave**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Month **4** day **26**
year **1943** hour **7** minute **15** M.

21. I hereby certify that I attended the deceased from **2/1** 19**43** to **4/26** 19**43**
that I last saw him alive on **4/25** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**

Due to **Ch. Cardio nephritis**

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations **[Signature]**

Of autopsy _____

Duration **1 day**

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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? _____

(Specify type of place) _____
(Specify type of place)

Means of injury _____

23. Signature **[Signature]** (M. D. or other) **MD**

Address **2608 S. Humphreys** Date signed **MD**

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

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3069

MAY 25 1974

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 Paul C. Calcaterra

Licensed Embalmer No. 2376

P. O. Address 5142 Daggett

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, fact should be so stated above.