

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026191

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7022

STATE FILE NUMBER

FILED JUL 12 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		a. STATE Missouri b. COUNTY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL INSTITUTION Little Sisters of the Poor 3400 So. Grand Ave.		c. CITY OR TOWN St. Louis	
Length of stay in lb		d. STREET ADDRESS (If outside, give location) 3178 Clifton Ave.	
3. NAME OF DECEASED (Type or print) First Middle Last James Mocca		4. DATE OF DEATH Month Day Year July 2, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/18/1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 81
13a. FATHER'S NAME Pietro Mocca		13b. MOTHER'S MAIDEN NAME Providenzia DiMatteo	12. CITIZEN OF WHAT COUNTRY Italy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Pete Mocca, 5625 Wilson Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease DUE TO (b) Sen. Arteriosclerosis DUE TO (c) 420.0			INTERVAL BETWEEN ONSET AND DEATH Yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION St. Louis, Mo
21. I attended the deceased from Jan 1963 to 7/2/63 and last saw him alive on 6/30/63 Death occurred at 8 A. m on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) Trinidad Ind	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-5-63	22c. DATE SIGNED 7/3/63
24. FUNERAL DIRECTOR Calcaterra Funeral Home, 5112 Daggett Ave.		23c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul Cemetery	23d. LOCATION (City, town, or county) St. Louis, Mo.
25. DATE RECD. BY LOCAL REG. JUL 5 1963		26. REGISTRAR'S SIGNATURE Loan Smith, M.O.	

STATEMENT BY LICENSED EMBALMER

0-28

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James Bantley

Licensed Embalmer No. 3657

P. O. Address St Louis Mo

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.