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

Do not use this space.

File No. 42495
Registered No. 11721

1. PLACE OF DEATH

County ..... Registration District No. 724
Township ..... Primary Registration District No. 1093
City St. Louis. (No. St. Johns Hospital St. ..... Ward)

2. FULL NAME Frank Vitale

(a) Residence. No. 2700 St. Louis. Ave. St., 12 Ward. East St. Louis, Ill.
(Usual place of abode) (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? 35 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 2 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	6	0	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) Grocer
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Italy

PARENTS

10. NAME OF FATHER Fred Vitale
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Italy
12. MAIDEN NAME OF MOTHER Louise (unknown)
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Italy

14. INFORMANT John Vitale
(Address) 2715 Missouri Avenue

15. FILED ..... -2 1928 19 Mary L. Blanscoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 2 1928

17. I HEREBY CERTIFY That I attended deceased from Nov 28, 1928, to Dec 2, 1928, that I last saw h. alive on Dec 2, 1928, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
Acute Cardiac Failure
105
(duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED ..... IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Gross - Pathology
(Signed) George I. Neber, M. D
12/2, 1928 (Address) 1006 So Jefferson

*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 Mt. Carmel. E. St. Louis, Illinois. DATE OF BURIAL Dec. 4 1928

20. UNDERTAKER C. Kurrus Jr. ADDRESS E. St. Louis Illinois.

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.

1006 South Jefferson