NOV 15 1937

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

Do not use this space.

36298

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1. PLACE OF DEATH

County ..... Registration District No. 1 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 9875

City St. Louis, Mo. (No. ....., City Sanitarium ..... St. ..... Ward)

2. FULL NAME Vito Moceri

(a) Residence, No. 1509 N. 17th St. St., 26 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Marie Di Napoli Moceri

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 9-15-1868

7. AGE: YEARS 69 | MONTHS 1 | DAYS 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer common

10. Date deceased last worked at this occupation (month and year) 10/36

11. Total time (years) spent in this occupation .....

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

FATHER

13. NAME: Frank Moceri

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Campo Bello Italy

MOTHER

15. MAIDEN NAME: Petrina Bono,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Campo Bello Italy

17. INFORMANT (ADDRESS): W. L. Moore, M.D. 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE October 25, 1937

19. UNDERTAKER (ADDRESS): P. Miceli & Son 1133 No. Kingshighway Bl

20. FILED OCT 25 1937 J. L. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-22-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 9-27-37, 19 10-22-37, 19

I last saw him alive on 10-22-37, 19 Death is said to have occurred on the date stated above, at 6-45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease 9-27-37x	

Other contributory causes of importance:

Generalized Arteriosclerosis 9-27x

Senility 9-27x

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

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) W. L. Moore, M.D., M. D.

(Address) 5300 Arsenal St.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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