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.

REC'D NOV 16 1938

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

Do not use this space.

File No. 33653
Registered No. 8639

Registration District No. 791
Primary Registration District No. 1003

1. PLACE OF DEATH

County
Township
City St. Louis (No. 5057 Page Blvd. St. Ward)

2. FULL NAME Louis Mossotti

(a) Residence, No. 5057 Page Bl. St., 6 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Mossotti

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2, 1878

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
60	8	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Laborer~~ PROP. (RETIRED)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. SHOE LEATHER FINDINGS Co.

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Torino (STATE OR COUNTRY) Italy

FATHER

13. NAME Joseph Mossotti

14. BIRTHPLACE (CITY OR TOWN) Torino (STATE OR COUNTRY) Italy

MOTHER

15. MAIDEN NAME Antonietta (unknown)

16. BIRTHPLACE (CITY OR TOWN) Torino (STATE OR COUNTRY) Italy

17. INFORMANT Edmond Mossotti (ADDRESS) 5057 Page Bl.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE Oct. 5, 1938

19. UNDERTAKER P. Miceli & Son (ADDRESS) 1150. No. Kingshighway Bl.

20. FILED OCT 3 1938 J. A. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1935, to 10-2, 1938

I last saw him alive on 10-2, 1938. Death is said to have occurred on the date stated above, at 11.40 A.M.

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

	Date of onset
Cancer of Throat	3 yrs.

Other contributory causes of importance:

Metastasis to lungs	3 yrs

Name of operation Removal of larynx & nipple Date of 11-15-35

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? no 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? no

If so, specify

(Signed) C. T. Berner, M. D.

(Address) 1259 N. Kingshighway Blvd.

STATEMENT BY LICENSED EMBALMER

I, Arnold W. Schoene, Licensed Embalmer No 386

hereby certify that the body recorded on the reverse side of this

certificate was embalmed by me. Arnold W. Schoene License No. 3864