

Registration District No. **791**

Primary Registration District No. **1003**

I. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community: **Unknown**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis** **600**
(c) City or town **St. Louis** **2517**
(If outside city or town limits, write "RURAL")
(d) Street No. **1027 N. 9th Street**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **Unknown** **0** years.

3. (a) PRINT FULL NAME **Gesuald Vivani**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **unknown**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **single**

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

7. Birth date of deceased **March 15 1863**
(Month) (Day) (Year)

8. AGE: Years **78** Months **0** Days **1** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Master caster**
Foundry

11. Industry or business _____

12. Name **Pasquale Vivani**

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

14. Maiden name **Angelina Berni**

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

16. (a) Informant **Ted. Berni**
(b) Address **4233 Ashland Ave.**

17. (a) **Burial** (b) Date thereof **3/17/41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **J. M. Schulte**
(b) Address **118 W. Thompson St.**

19. (a) **MAR 17 1941** (b) **J. W. Quavek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **15** year **1941** hour **8** minute **00** P.M.

21. I hereby certify that I attended the deceased from **2-15-41** 19 **41** to **3-15-41** 19 **41** that I last saw **him** alive on **3-15-41** 19 **41** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary of Employee.**

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations **Inherent of cardiac gland**
Of autopsy **Coronary of Employee**

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? _____

While at work? _____ (Specify type of place) (e) Means of injury **0**

23. Signature **Dr. J. W. Quavek** (M. D. or other) _____
Address **6451 Euclid** Date signed **3-17-41**

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

100
17
9

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 Larry M. White

Licensed Embalmer No. 3973

P. O. Address.....

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, above space should be left blank.

000/Embalmer
Ca. 3973