S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

7873

State File No. .....

FILED MAR 23 1942

Registration District No. .....

Primary Registration District No. 109

Registrar's No. 621

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

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5
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**1. PLACE OF DEATH:**

(a) County St Louis

(b) City or town ~~St. Louis, MO.~~ Maplewood Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Maple Wood Nursing Home 2200 Bredell
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County ..... 000

(c) City or town St. Louis, MO. 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4142 Shaw Ave 9
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 1

**3. (a) PRINT FULL NAME** Mauro Misita

3. (b) If veteran, name war NO

3. (c) Social Security No. NOne

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Josephine Mistia

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased May 8. (Month) 1874 (Day) (Year)

**8. AGE:** Years 67 | Months 10 | Days 10 | If less than one day ..... hr. ..... min.

9. Birthplace Italy (City, town, or county) 5 (State or foreign country)

10. Usual occupation Shose Worker

11. Industry or business .....

FATHER
12. Name Sam Misita
13. Birthplace Italy (City, town, or county) 5 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Italy (City, town, or county) 5 (State or foreign country)

16. (a) Informant Mr. Sam Misita
(b) Address 4142 Shaw Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3. 21. 42 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Peter & Paul Cem.

18. (a) Signature of funeral director Paul A. Calcaterra
(b) Address 5142 Daggett Ave

19. (a) MAR 19 1942 (Date received local registrar) (b) [illegible] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 18
year 1942 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from 8/30, 1941 to 3/18, 1942
that I last saw him alive on 3/18/42, 19.....
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Terminal Bronchopneumonia | 2 days |
| Due to Cancer of Spine | |
| Due to ..... | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations ..... | |
| Of autopsy ..... | |

55 b

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

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

23. Signature N. L. Mistachkin (M. D. ~~or other~~)
Address 1059 N Kingshighway Date signed 3/19/42

(Licensed Embalmer's Statement on Reverse Side)

707

373
-2042

MAR 23 1942

**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 Wilford G. Burnley

Licensed Embalmer No. 4202

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, fact should be so stated above.**