

FILED NOV 16 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9328

1. PLACE OF DEATH: St. Louis City
 (a) County: St. Louis
 (b) City or town: Mo. Patriot Hospital
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 9 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000
 (a) State: Mo (b) County: 17
 (c) City or town: St. Louis 9/13
 (If outside city or town limits, write "RURAL")
 (d) Street No.: 5217 Wilson (If rural, give location)
 (e) Citizen of foreign country? (Yes or No) 0
 If yes, name country: 0

3. (a) PRINT FULL NAME: Michele DeLiberto
 3. (b) If veteran, name war: 0 3. (c) Social Security No.: 0

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 6
 year 1942 hour 9:30 minute P. M.
 21. I hereby certify that I attended the deceased from Nov. 4
 1942, to Nov. 6 1942
 that I last saw him alive on Nov. 6 1942
 and that death occurred on the date and hour stated above.

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced: Single
 6. (b) Name of husband or wife: 0 6. (c) Age of husband or wife if alive: 0 years (Day) (Year)

Immediate cause of death: Double lobar pneumonia Duration 3 days
 Due to: 108
 Due to: 108
 Other conditions: (Include pregnancy within 3 months of death)
 Major findings: Of operations: _____
 Of autopsy: _____

8. AGE: Years 9 Months 5 Days 25 If less than one day hr. min.
 9. Birthplace: St. Louis Mo (City, town, or county) (State or foreign country)
 10. Usual occupation: School Boy

11. Industry or business: _____
 12. Name: Michele DeLiberto
 13. Birthplace: Italy (City, town, or county) (State or foreign country)
 14. Maiden name: Catherine De Grack
 15. Birthplace: Italy (City, town, or county) (State or foreign country)

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

16. (a) Informant: Michele DeLiberto
 (b) Address: 5217 Wilson
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 1942 (Month) (Day) (Year)
 (c) Place: burial or cremation: near P.P. Peter Paul Ann Temp C Calceolera
 18. (a) Signature of funeral director: J. P. Breda
 (b) Address: NOV 9 1942
 19. (a) (Date received local registrar) (Registrar's signature)

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) (a) Means of injury: _____
 23. Signature: Joseph J. Cieri (M. D. or other) _____
 Address: 2124 Marconi Date signed: 11/9/42

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

MOTHER FATHER

