

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6502

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(c) Name of hospital or institution: 1918 Macklind
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
(c) City or town St Louis
(d) Street No. 1918 Macklind
(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME Nicola NEMUTI

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased Nov 26 1877
(Month) (Day) (Year)

8. AGE: Years 65 Months 7 Days 21 If less than one day hr. min.

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

10. Usual occupation retired

11. Industry or business

12. Name Philip NEMUTI

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

14. Maiden name Maria Nemuti

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

16. (a) Informant Mario Nemuti

(b) Address 1918 Macklind Ave

17. (a) burial (b) Date thereof..... (c) Place: burial or cremation Old St Peter's Church

18. (a) Signature of funeral director Dan E Calcutt

(b) Address 5142 Daggert Ave

19. (a) JUL 19 1943 (b) J.F. Bussek (Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17 year 1943 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from August 18, 1937, to July 17, 1943 that I last saw him alive on July 16, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Cerebral thrombosis with Hemiplegia Duration 3 day

Due to Arteriosclerotic Heart disease 4 yrs Generalized arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 9/2 Of autopsy.....

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.....

3. Signature Charles Montani (M. D. or other) MD Address 5147 Daggert Date signed 7-18-43

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

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: *Felix Calcaterra*

Licensed Embalmer No. *2376*

P. O. Address *5142 Daguerre St*

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.