

FILED JUL 24 1944  
 Registration District No. 0077

Primary Registration District No. 6076

Registrar's No. 1489

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

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town MANCHESTER  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Pine Crest Home  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 28 DAYS  
 (Specify whether years, months or days)  
 In this community 28 DAYS

3. (a) PRINT FULL NAME Nickalis Vitale  
 3. (b) If veteran, name war. .... 3. (c) Social Security No. None

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife UNKNOWN 6. (c) Age of husband or wife if alive — years  
 7. Birth date of deceased Apr 12 1870  
 (Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 25 If less than one day hr. min.

9. Birthplace Sicily (City, town, or county) (State or foreign country) 0

10. Usual occupation None

11. Industry or business None

MOTHER FATHER  
 12. Name Joseph Vitale  
 13. Birthplace Sicily (City, town, or county) (State or foreign country) X  
 14. Maiden name Viviana Vincenza  
 15. Birthplace Sicily (City, town, or county) (State or foreign country) 9

16. (a) Informant Pine Crest Home  
 (b) Address Ballwin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11, 1944  
 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (c) Signature of Donald K. ...

(b) Address 1451 Union Blvd.

19. (a) JUL 12 1944 (Date received local registrar) (b) E. S. McSavran (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MISSOURI (b) County St. Louis  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4638 Elmbank  
 (If rural, give location)  
 (e) Citizen of foreign country? UNKNOWN (Yes or No)  
 If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7  
 year 1944 hour 1 minute 35 P. M.

21. I hereby certify that I attended the deceased from JUNE 10, 1944 to JULY 2, 1944  
 that I last saw him alive on JULY 6, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to .....

Due to .....

Other conditions Chronic Myocarditis  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations .....

Of autopsy 930

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 .....

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 .....

Signature R. M. Jensen (M. D. certificate) 7/8/44

Address Manchester, Mo. Date signed 7/8/44

**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

*Frank Neenan*

Licensed Embalmer No. *2915*

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.**