

Registration District No. **217**

Primary Registration District No. **2002**

Registrar's No. **1880**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **University City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Home**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1**
(Specify whether
In this community **44 YEARS**
years, months or days)

8. (a) PRINT FULL NAME **Vito Viviano.**

8. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

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

7. Birth date of deceased **July 7, 1876**
(Month) (Day) (Year)

8. AGE: Years **68** Months **2** Days **0** If less than one day hr. min.

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

10. Usual occupation **Executive of**

11. Industry or business **Macaroni Manufacturing Co.**

MOTHER FATHER { 12. Name **Francesco Paolo Viviano.**
13. Birthplace **Italy** 5
(City, town, or county) (State or foreign country)
14. Maiden name **Grazia Cusumano.**
15. Birthplace **Italy** 5
(City, town, or county) (State or foreign country)

16. (a) Informant **Vito Viviano**
(b) Address **6948 Washington Blvd.**

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

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Benjamin H. Schaefer**
(b) Address **1431 Union Blvd.**

19. (a) **SEP 9 - 1944** (b) **E. G. Mc Garrison, M.D.**
(Date received local registrar) (Registrar's signature) **a.k.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County **St. Louis**
(c) City or town **St. Louis** **U.C.**
(If outside city or town limit, write "RURAL")
(d) Street No. **6948 Washington Blvd.**
(If rural, give location)
(e) If foreign born, how long in U. S. A? **1** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **7**
year **1944** hour **1** minute **50 P.M.**

21. I hereby certify that I attended the deceased from **Aug 20**, 19**44** to **Sept 7**, 19**44**
that I last saw him alive on **Sept 7**, 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Congestive Heart Failure ?**
Due to **Chronic Nephritis ?**

Due to _____
Other conditions **Arteriosclerosis General ?**
(Include pregnancy within 3 months of death)

PHYSICIAN _____
Major findings: **no operation.**
Of operations _____
Of autopsy **None 131 h**

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 _____
23. Signature **E. Lee Shrader** (M. D. or other)
Address **3720 Washington** Date signed **9-9-44**

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

16
3
5

N. Schuman
3720 Washington
1 P.M.

SEP 19 1944

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 *Samuel Schuman*

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, above space should be left blank.