

**FILED FEB 7 1946**  
**318**

1003

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5906 Waterman  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 13 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MOO  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 17  
(d) Street No. 5906 Waterman  
(If rural, give location) 5 9  
(e) Citizen of foreign country? Yes (Yes or No) 0  
If yes, name country Italy

3. (a) PRINT FULL NAME

Antonio Miceli

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife Caterina  
6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased February 23 1879  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26 1946  
year 1946 hour 7 minute 30 P M.

21. I hereby certify that I attended the deceased from January 19 1946 to January 24 1946  
that I last saw him alive on January 24 1946  
and that death occurred on the date and hour stated above.  
Immediate cause of death Coronary Thrombosis Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
66 11 3 hr. \_\_\_\_\_ min.

Due to Myocarditis, Chr.

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

Due to \_\_\_\_\_

10. Usual occupation Tailor

Other conditions (Include pregnancy within 3 months of death) 92

11. Industry or business \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

12. Name Nicola Miceli

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

14. Maiden name Angela Critelli

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

16. (a) Informant Ralph Miceli

(b) Address 5906 Waterman

17. (a) Burial (b) Date thereof Jan 30 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Mich + Sons

(b) Address 1150 N. Kingshighway Blvd.

19. (a) JAN 29 1946 (Date received local registrar) J. F. Brodeur (Registrar's signature)

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 \_\_\_\_\_

23. Signature Peter Cataldi (M. D. or other MD) MD  
Address 4961 Columbia av Date signed 1/28/46

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

2865

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**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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*

P. O. Address *St. Louis, Mo.*

**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.**