

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

Primary Registration District No. **1003**

Registrar's No. **2120**

**FILED** MAR 18 10 AM '46

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **St. Louis City Hospital - Max C. Starkloff**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**  
**17**

(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL") **920**

(d) Street No. **2619 North Market**  
(If rural, give location) **Memorial**

(e) Citizen of foreign country? **Yes** (Yes or No)  
If yes, name country **Italy**

3. (a) PRINT FULL NAME **PETE MESHOTO (Miciotto)**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **2nd**  
year **1946** hour **2:10** minute **A** M.

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

3. (c) Social Security No. **492.24.9098**

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to **3/2/46**, 19\_\_\_\_.

that I last saw him **in** alive on **3/2/46**, 19\_\_\_\_, 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 **Divorced**

Immediate cause of death **Pneumothorax (left)**

Due to **Lungs Abscess**

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **November 12 1883**  
(Month) (Day) (Year)

Due to **Larynx Carcinoma**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<b>62</b>	<b>3</b>	<b>20</b>	hr. _____ min. _____

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

Of autopsy **Same**

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

10. Usual occupation **Barber**

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

12. Name **Carmelo Miciotto**

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

14. Maiden name **Salvatora Marina**

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

16. (a) Informant **Sam Miciotto**

(b) Address **3911 Bexington Ave**

17. (a) **Burial** (b) Date thereof **March 5-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **P. Miceli - Sons**

(b) Address **1150 N. Kingshighway Blvd**

19. (a) **MAR 4 1946** (b) **J. F. Bradeck**  
(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) (e) Means of injury \_\_\_\_\_

23. Signature **J. F. Bradeck** **3/3/46**  
(M/D or other)

Address **105 Schladerer** Date signed **3-2-46**

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

10346

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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.**