

**FILED MAY 10 1946**

Registration District No. **318** Primary Registration District No. **1003**

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

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:  
**Katz Drug Store, St. Louis, Mo.**  
(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)

3. (a) PRINT FULL NAME..... **John M. Moresi**

3. (b) If veteran, name war..... --

3. (c) Social Security No. **494-10-8645**

4. Sex **Male** 0

5. Color or race **White**

6. (a) Single, widowed, married, divorced..... **Married**

6. (b) Name of husband or wife..... **Tillie**

6. (c) Age of husband or wife if alive..... **50** years

7. Birth date of deceased..... **April 10 1894**  
(Month) (Day) (Year)

8. AGE: Years **52** Months **0** Days **17**

If less than one day  
 hr. min.

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

10. Usual occupation..... **Hotel Captain**

11. Industry or business..... **Hotel Statler**

MOTHER FATHER

12. Name..... **John Moresi**

13. Birthplace..... **Unknown Switzerland**  
(City, town, or county) (State or foreign country)

14. Maiden name..... **Angelina Camozzi**

15. Birthplace..... **Unknown Switzerland**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Tillie Moresi**

(b) Address..... **3905a Dunnica**

17. (a) **Burial** (b) Date thereof. **4/30/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **N. SS. Peter & Paul**

18. (a) Signature of funeral director..... **Wacker-Heldt**

(b) Address..... **3634 Gravois Ave.**

19. (a) **APR 29 1946** (b) **J. F. Bredick**  
(Date received) (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..... **3905a Dunnica**  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **27**  
 year..... **1946** hour **7** minute **30A** M.

21. I hereby certify that I attended the deceased from.....  
**Jan. 11 1946** to **April 27 1946**;  
 that I last saw him alive on..... **April 24 1946**  
 and that death occurred on the date and hour stated above.

Immediate cause of death..... **Coronary thrombosis**

Due to..... **Arteriosclerotic heart disease**

Due to.....

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

Major findings:  
 Of operations.....

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.....

Signature..... **Paul J. Huber** (M. D. or other).....  
 Address..... **634 N. Ireland** Date signed..... **4-27-46**

Duration.....  
 Physician.....  
 Underline the cause to which death should be charged statistically.

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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..... *Frank J. [unclear]*  
Licensed Embalmer No..... *2675*  
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.**