

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4147

1. PLACE OF DEATH:

(a) County St Louis
 (b) City or town St Louis
 (c) Name of hospital or institution pronounced dead at City Hosp.
 (d) Location of death 1918 Macklind Ave
 In this community 3 years, months or days

3. (a) PRINT FULL NAME Robert Vergessi
 3. (b) If veteran, no name war
 3. (c) Social Security No. no

4. Sex male 5. Color of white race
 6. (a) Single, widowed, married, married
 6. (b) Name of husband or wife Mary
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased June 29 1898
 (Month) (Day) (Year)

8. AGE: Years 48 Months 9 Days 20
 If less than one day hr. min.

9. Birthplace St Louis Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business
 12. Name John Vergessi
 13. Birthplace Italy
 14. Maiden name Bernini
 15. Birthplace Italy
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Vergessi
 (b) Address 1918 Macklind Ave

17. (a) burial (b) Date thereof Apr 23 1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Paul C Calceva
 (b) Address 5140 Waggitt Ave

19. (a) 1162 (b) J.F. Bredest
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis
 (c) City or town St Louis
 (d) Street No. 1918 Macklind Ave
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
 year 1947 hour 5 minute 50 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Lo for Drenomonin
 Due to _____
 Due to 108

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?

23. Signature Patience E Taylor (Specify type of place) (M. D. or other)
 Address _____ Date signed 4/19/47

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

0-2
-45
7-39
47070

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.....

Paul C. Calcaterra

Licensed Embalmer No. 2376

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.