

S. No. 2
M-1/47
v. 5-17-39

FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **40015**
Registrar's No. **11027**

FILED DEC 15 1947

Registration District No. **318**

Primary Registration District No. **1003**

WRITE PLAINLY—USING 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: **1022 N. 9th St. /**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **45 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town..... **St Louis** **17**
(If outside city or town limits, write "RURAL")

(d) Street No..... **1022 N 9th St.** **9**
25- (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) **0**
If yes, name country..... **Italian**

3. (a) PRINT FULL NAME..... **salvatore Natoli**

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..... **Santa Natoli**

6. (c) Age of husband or wife if alive..... **72** years

7. Birth date of deceased..... **June 3 1881**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	5	28hr.....min

9. Birthplace..... **Milazzo Italy** **5**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Fruit pedlar**

11. Industry or business.....

12. Name..... **Antonino Natoli**

13. Birthplace..... **Milazzo Italy** **5**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Rosalie Catalano**

15. Birthplace..... **Milazzo Italy** **5**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Santa Natoli**
(b) Address..... **1022 N 9th St.**

17. (a) **Burial** (b) Date thereof..... **Dec. 3 1947**
(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**

19. (a) **DEC 2 - 1947** (b) **J. F. Bracco**
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **12** day..... **1**
year..... **1947** hour..... **5:30** minute..... **A. M.**

21. I hereby certify that I attended the deceased from..... **4-7 - 1937** to..... **12-1 - 1947**,
that I last saw him alive on..... **11-30 - 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Coronary Arteriosclerosis 20 Mi**
Myocarditis, Chronic 1 yr
Due to..... **Arteriosclerosis, Chronic?**
Other conditions..... **None**
(Include pregnancy within 3 months of death)

Major findings: **None**

Of operations..... **None**

Of autopsy..... **None**

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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?..... (Specify type of place)

While at work?..... (e) Means of injury..... **MI**

23. Signature..... **Nicholas J. Vitale** (M. D. or other) **MD**
Address..... **3861 St. Louis Ave.** Date signed..... **12/1/47**

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 Anthony J. Miceli
Licensed Embalmer No. 4277

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.