S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 28 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7150

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 1486

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Enroute City Hospital # 1 3 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community About 2½ Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 17
(d) Street No. 2509 Cass Ave. (If rural, give location) 9
20
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Henry, L. Viselli
3. (b) If veteran, name war No 2
3. (c) Social Security No. 496-30-2420
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lorene, Viselli
6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased 10 (Month) 17 (Day) 1920 (Year)

8. AGE: Years	Months	Days	If less than one day
27	3	25	hr. min.

9. Birthplace Unknown (City, town, or county) Penn. (State or foreign country)
10. Usual occupation Window Washer
11. Industry or business
MOTHER FATHER
12. Name Louis, Viselli
13. Birthplace unknown (City, town, or county) Italy. (State or foreign country) 5
14. Maiden name Edna, Livercoon.
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Mrs, Lorine, Viselli
(b) Address 2509 Cass Ave.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation Clarence, Mo.
18. (a) Signature of funeral director Goodhart & Goodhart
(b) Address 2228 St. Louis, Ave.
19. (a) FEB 13 1948 (Date received local registrar) (b) J. J. Brecheen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 12 year 1948 hour 7 minute 30 a.m.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Internal Hemorrhage
Due to: following laceration of the heart which he slipped from a window ledge while cleaning window in room #829.30 Hundred
Due to: Fire in Building Around 7:38 P.M.
Feb. 12 1948 and fell 4 Flr.
Other conditions: (Include pregnancy within 3 months of death) Contributing Below
Major findings:
Of operations
Of autopsy

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) Accident
(b) Date of occurrence Feb. 12, 1948 7:38 P.M.
(c) Where did injury occur? In home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Fire Hall (Specify type of place)
While at work? (e) Means of injury Scaffold
23. Signature Patrick E. Taylor Det. Sgt.
Address 1300 Clark Date signed 2-13-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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 [signature]

Licensed Embalmer No. 3570

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.