No. 300
10.48

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

FILED AUG 5 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 25152

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6504

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN: St. Louis (township)
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION: De Paul Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
d. STREET ADDRESS (If rural, give location): 5106a Lotus

**3. NAME OF DECEASED** (Type or Print)
a. (First): George
b. (Middle): Francis
c. (Last): Nero

**4. DATE OF DEATH** (Month) (Day) (Year): July 25 1949

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Dec. 16 1909
**9. AGE** (In years last birthday): 39
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Generator repair
**10b. KIND OF BUSINESS OR INDUSTRY**: St. Louis Armatore
**11. BIRTHPLACE** (State or foreign country): St. Louis, Missouri
**12. CITIZEN OF WHAT COUNTRY?**

**13a. FATHER'S NAME**: John Nero
**13b. MOTHER'S MAIDEN NAME**: Anna Rossi
**14. NAME OF HUSBAND OR WIFE**: Margaret

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: 495-14-4571
**17. INFORMANT'S SIGNATURE OR NAME**: Margaret Nero
ADDRESS: 5106a Lotus

**18. CAUSE OF DEATH** Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Periarteritis nodosa — INTERVAL BETWEEN ONSET AND DEATH: 4 mos

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES [X] NO [ ]

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify)
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)
**21c.** (CITY, TOWN, OR TOWNSHIP) (COUNTY) 99 (STATE)
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
**21f. HOW DID INJURY OCCUR?** 436X

22. *I hereby certify that I attended the deceased from* May 1949 *to* 7-25 19 49, *that I last saw the deceased alive on* 7-27 19 49, *and that death occurred at* 4 P.M. *m., from the causes and on the date stated above.*

**23a. SIGNATURE** [signature] (Degree or title) **23b. ADDRESS** 4952 Maryland **23c. DATE SIGNED** 7-26-49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: July 28-49
**24c. NAME OF CEMETERY OR CREMATORY**: Valhalla Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Louis Missouri

DATE REC'D BY LOCAL REG.: JUL 27 1949
REGISTRAR'S SIGNATURE: J B Lavato
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: P. Miceli & Sons 1150 N. Kingshighway

(Licensed Embalmer's Statement on Reverse Side)

Mil

## 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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Anthony J. Miceli

Signed.....
Student Embalmer

Licensed Embalmer No. 4277

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.