

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

FILED JUN 29 1951

State File No. 5582
Registrar's No. 1003

REG. DIST. NO. 318

PRIMARY REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2069	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS 1349 Academy	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hosp.			
3. NAME OF DECEASED a. (First) Tony b. (Middle) Nocita c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) June 19 1951	
5. SEX Male	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 25, 1884
9. AGE (In years last birthday) 67		10. KIND OF BUSINESS OR INDUSTRY Shoe Repair	11. BIRTHPLACE (State or foreign country) Italy 5
12. CITIZEN OF WHAT COUNTRY? Italy			
13a. FATHER'S NAME Carmelo Nocita		13b. MOTHER'S MAIDEN NAME Rosaria Randazzo	
14. NAME OF HUSBAND OR WIFE Grazia Nocita			
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.	
17. INFORMANT'S SIGNATURE OR NAME Joe Nocita		ADDRESS 7015 Olive St. Road	
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, asthma, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cerebral thrombosis</i> DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH
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 <input type="checkbox"/> NO <input type="checkbox"/>			
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) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:15 P.M., from the causes and on the date stated above.			
23a. SIGNATURE <i>Catharine E. Taylor, Coroner</i>		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 6.20.51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 20, 1951	24c. NAME OF CEMETERY OR CREMATORY Calvary	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
DATE REC'D BY LOCAL HEALTH DEPT. JUL 20 1951		REGISTRAR'S SIGNATURE <i>J. B. Lanster</i>	
25. FUNERAL DIRECTOR'S SIGNATURE P. Miceli & Sons		ADDRESS 1150 n. Kingshighway	

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

SEP 19 1951

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.....
Student Embalmer

Signed *Anthony J. Mucili*

Licensed Embalmer No. 4277

P. O. Address St Louis

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.