No. 300
10.48

FILED SEP 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28815

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7404

1. PLACE OF DEATH
a. COUNTY /
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place) 4 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1116 No. 10th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2259
d. STREET ADDRESS (If rural, give location) 1116 No. 10th St. 0

3. NAME OF DECEASED (Type or Print) a. (First) Giuseppe b. (Middle) Vella c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) Aug 18, 1951.

5. SEX M. 0
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /
8. DATE OF BIRTH Jan. 1- 1885
9. AGE (In years last birthday) 66 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) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) ~~Scicily~~ ~~Italy~~ Prov. Agrigento Siculatana
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME ~~Frank Vella~~ Onofrio Vella
13b. MOTHER'S MAIDEN NAME ~~Ukn.~~ Giovanna Catalano
14. NAME OF HUSBAND OR WIFE ~~Rose~~ Vella, Rosa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY 489-03-4986
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Al Lordo 1116 No. 10th St.

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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1 hour

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 ☐ 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) (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? H201

22. I hereby certify that I attended the deceased from Feb 25, 1947, to Aug 14, 1951, that I last saw the deceased alive on Aug 16, 1951, and that death occurred at 11.50 P. m., from the causes and on the date stated above.

23a. SIGNATURE GASPERE SCLORTINO (Degree or title) Gaspere Sclortino M.D.
23b. ADDRESS 5501 a St Louis Ave.
23c. DATE SIGNED 8/18/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug. 21, 1951
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. AUG 20 1951
REGISTRAR'S SIGNATURE J. Earl Smith M.D. U.S.G.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS P. Miceli 1150 N. Kingshighway

(Licensed Embalmer's Statement on Reverse Side)

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

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 John J. Haines

Signed.....
Student Embalmer

Licensed Embalmer No. 4108

P. O. Address St Louis Mo

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 28815-51
Local Registrar's No. 7404

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death
for Giuseppe Vella died/~~born~~ 8-18-51, 19....., in the State of
Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 11 should read Siculaiana Prov. Agrigento Sicily, Italy
Instead of .....

Item No. 13a should read Onofrio Vella
Instead of Frank Vella

Item No. 13b should read Giovanna Catalano
Instead of Unk

Item No. 14 should read Rosa Vella
Instead of Rose Vella

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Al Lordo Inf.
Relationship.

1116 N. 10th St.
Present Address.

Subscribed and sworn to before me this 1st day of July, 1952.

My Commission expires July 12, 1954. Notary Public.

Affidavits containing errors will not be accepted; draw one line through error and write above it.

n V. S. 135
M—8-43
I X37817