.S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11903

BIRTH NO. FILED MAR 31 1953 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2667

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)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Faith Hospital

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 2119
d. STREET ADDRESS (If rural, give location) 3854 St. Ferdinand St.

3. NAME OF DECEASED (Type or Print)
a. (First) Angelo
b. (Middle)
c. (Last) Licata (Tiso)

4. DATE OF DEATH (Month) (Day) (Year) Mar. 8, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct. 15, 1893
9. AGE (In years last birthday) 59 — If under 1 year: Months, Days; If under 1 day: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine operator
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Licata, Italy
12. CITIZEN OF WHAT COUNTRY? S

13a. FATHER'S NAME Dominic Licata (Tiso)
13b. MOTHER'S MAIDEN NAME Josephine Capadonna
14. NAME OF HUSBAND OR WIFE Grace Licata (Tiso)

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 Dominic Licata (Tiso) **ADDRESS** 1302 Howard 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 that caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Partial Intestinal Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Emphysema of Gall Bladder with Stone — 7 days
DUE TO (c) Anemia — 24 hrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 2/8/53
19b. MAJOR FINDINGS OF OPERATION Partial Intestinal Occlusion
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) St. Louis Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 584X

22. *I hereby certify that I attended the deceased from* 1931, 19__, *to* March 8, 1953, *that I last saw the deceased alive on* March 8, 1953, *and that death occurred at* 4:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Anthony J. Vitale (Degree or title) M.D.
23b. ADDRESS 3861 St. Louis Ave
23c. DATE SIGNED 3/9/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Mar. 11. 1953
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
24d. LOCATION (City, town, or county) St. Louis, Mo. (State)

DATE REC'D BY LOCAL REG. MAR 10 1953
REGISTRAR'S SIGNATURE J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE P. Miceli **ADDRESS** 1150 N. Kingshighway
(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 ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed John J. Hines

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. 11903-53
Local Registrar's No. 2667

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death
for Angelo Licata Tiso, died/born Mar. 8-1953, 19....., in the State of
Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 3 should read Angelo Licata(Tiso)
Instead of Angelo Licata

Item No. 13a should read Dominic Licata (Tiso)
Instead of

Item No. 14 should read Grace Licata (Tiso)
Instead of

Item No. 17 should read Dominic Licata(Tiso)
Instead of

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 Anthony J. Miceli Fam. div.
Relationship.

1150 N. K Highway
Present Address.

Subscribed and sworn to before me this 3 day of Sept, 1953

My Commission expires 3-4-57 Ella B. Paddock Notary Public.

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

n V. S. 135
M—8-43
I X37817