

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16323
State File No. _____
Registrar's No. **4341**

FILED MAY 14 1953

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Cook	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN Chicago	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital		e. STREET ADDRESS (If rural, give location) 911 West 18th St	
3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) B. c. (Last) Vito Jr		4. DATE OF DEATH (Month) (Day) (Year) Apr 24 53	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Sep 8. 1927
9. AGE (In years last birthday) 25		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur	11. BIRTHPLACE (City and State or Foreign Country) Chicago Ill
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Material Service	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Frank Vito Sr		13b. MOTHER'S MAIDEN NAME Bessie Katausky	14. NAME OF HUSBAND OR WIFE Nil
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank Vito Sr Chicago Illinois
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Gunshot wound of skull and brain self inflicted. Deceased was trapped while holding up South West Bank at 2801 So Kinghigh way about 1030 am April 24 1953	
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 Suicide	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) Suicide		21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) Bank	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Apr 24 53 10:30 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? F976X
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 1030A m., from the causes and on the date stated above.			
23a. SIGNATURE Patrick E Taylor (Degree or title) Coroner		23b. ADDRESS 1300 Clark	23c. DATE SIGNED 4-27-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4-26-53	24c. NAME OF CEMETERY OR CREMATORY St. Marys	24d. LOCATION (City, town, or county) (State) Chicago Illinois
DATE REC'D BY LOCAL REG. APR 27 1953	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington	

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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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

John J. Haines

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.