

FILED DEC 27 1954

STANDARD CERTIFICATE OF DEATH

State File No. 41957

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 4410 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis Co.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. James	c. LENGTH OF STAY (In this place) 4 wks.	c. CITY OR TOWN St. Louis 2069	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Soldiers Home Hospital			
a. STREET ADDRESS		(If rural, give location) 1343 Hodiamont - St. Louis	

3. NAME OF DECEASED a. (First) Cherubino b. (Middle) Moccia c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Dec. 17, 1954			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 27, 1889	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 5 Days 20	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Italy 5		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Daisy Moccia	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service) Yes World War I		16. SOCIAL SECURITY NO. 493-06-5333		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Daisy Moccia - 1443 Hodiamont - St. Louis 20	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH Sudden	
ANTECEDENT CAUSES		DUE TO (b) Atherosclerosis		Indefinite	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Hypertension		Indefinite	
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 checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 331 X		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
---	--	--	--	----------------------------	--

22. I hereby certify that I attended the deceased from June 16, 1954 to Dec 17, 1954, that I last saw the deceased alive on Dec 17, 1954, and that death occurred at 10:33 p.m. from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Joseph A. Grass Kreis, M.D.		23b. ADDRESS St. Louis, Mo.		23c. DATE SIGNED 12-18-54	
---	--	-----------------------------	--	---------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 20, 1954		24c. NAME OF CEMETERY OR CREMATORY Soldiers Home Cemetery		24d. LOCATION (City, town, or county) (State) St. James, Mo.	
--	--	------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. 12-21-1954		REGISTRAR'S SIGNATURE Ruth O. Powell		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Orval E. Licklider - St. James, Mo.	
-------------------------------------	--	--------------------------------------	--	--	--

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

810
5

DEC 29 1933

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

Student.....
Signature of Student Embalmer

Signed Orrel E. Tickler

Licensed Embalmer No. 354

P. O. Address St James

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.