

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-034537

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317

Primary Registration District No. 547

Registrar's No. 2441

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 19 1963

| | | | | | | |
|---|--|---|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights | | Length of stay in 1b 2 Days | c. CITY OR TOWN University City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary Hospital | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS 7139 Forsyth Blvd. | | |
| 3. NAME OF DECEASED (Type or print) First L. Middle John Last Moresi | | | 4. DATE OF DEATH Month 7 Day 30 Year 63 | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 8-26-87 | 9. AGE (last birthday) 75 Yrs. | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Realitor & Const. Co. | | 10b. KIND OF BUSINESS OR INDUSTRY Co. Pres. Moresi L. J. | 11. BIRTHPLACE (City and state or country) St. Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Paschal Moresi | | 13b. MOTHER'S MAIDEN NAME Catherine Galle | | 14. NAME OF HUSBAND OR WIFE Helen Thomas Moresi | | |
| 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. [REDACTED] | 17. INFORMANT Address Helen Moresi University City Missouri | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. - DEATH WAS CAUSED BY: | | | | | | |
| IMMEDIATE CAUSE (a) | | | Myocardial Infarction | | INTERVAL BETWEEN ONSET AND DEATH acute | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | DUE TO (b) Coronary Thrombosis | | acute | |
| DUE TO (c) | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> | SUICIDE <input type="checkbox"/> | HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | |
| 20c. TIME OF INJURY Hour [REDACTED] e.m. [REDACTED] p.m. [REDACTED] | Month [REDACTED] Day [REDACTED] Year [REDACTED] | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION St. Louis, Mo. | | | | COUNTY [REDACTED] STATE [REDACTED] |
| 21. I attended the deceased from 6/15/63 to 7/30/63 and last saw him alive on 7/30/63 Death occurred at 9:30 AM on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | |
| 22a. SIGNATURE [Signature] (Degree or title) | | | 22b. ADDRESS 8059 Watson Rd. St. Louis Mo. | | 22c. DATE SIGNED 7-31-63 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 8-1-63 | 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | | 23d. LOCATION (City, town, or county) (State) St. Louis Missouri | | |
| 24. FUNERAL DIRECTOR ADDRESS White-Mullen 118 N. Florissant Rd. Ferg. | | 25. DATE RECD. BY LOCAL REG. 7-31-63 | 26. REGISTRAR'S SIGNATURE [Signature] | | | |

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

| |
|----------------|
| VS 300 |
| Rev. 4/59 |
| 1 4005 |
| 2 4006 |
| 3 |
| 4 0 |
| 5 1 |
| 6 |
| 7 0 |
| 8 1 |
| 9 420.1 |
| 10 |
| 11 |
| 12 46-0 |
| 13 |

Copy Mrs. [unclear]

0120 0120 0120

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 Reinhold K. Lohmann

Licensed Embalmer No. 3395

P. O. Address St Louis 35 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.