

DEC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

12824

Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. .... Registered No. **3428**  
(c) City **St. Louis** (d) Street No. **Mo. Baptist Hospital** St. ....  
(e) Length of residence in city or town where death occurred **18** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

**Giuseppe Cracchiolo b. 2.4.**  
(a) Residence, No. **2566 Montgomery** St. **20** (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Margherita Cracchiolo</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>April 12, 1864</b>		
7. AGE YEARS <b>73</b>	MONTHS <b>11</b>	DAYS <b>29</b>
If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>Laborer</b>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Cinisi Italy</b> <b>7</b>	
	13. NAME <b>Salvatore Cracchiolo</b> <b>7</b>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Cinisi Italy</b> <b>7</b>	
	15. MAIDEN NAME <b>Marianna (unknown)</b>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Cinisi Italy</b>		
17. INFORMANT <b>Margherita Cracchiolo</b> (ADDRESS) <b>2566 Montgomery</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Calvary</b> DATE <b>April 14, 1938</b>		
19. FUNERAL DIRECTOR <b>P. Miceli &amp; Son</b> (ADDRESS) <b>1133 No. Kingshighway</b>		
20. FILED <b>APR 12 1938</b> <b>J. Bredeck</b> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 11, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **March 23, 1938** to **April 11, 1938**.  
I last saw him alive on **April 11, 1938**. Death is said to have occurred on the date stated above, at **6:47** a.m.  
The principal cause of death and related causes of importance were as follows:  
**Chronic myocarditis**  
**93C**  
Other contributory causes of importance:  
**Severe angina pectoris**  
**non-tubercular**

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? **no**  
If so, specify ..... (Signed) **Joseph J. Bredeck**, M. D.  
(Address) **765 Olive St.**

STATEMENT BY LICENSED EMBALMER

I, Arnold W. Schoene, Licensed Embalmer No. 3864

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

Arnold W. Schoene

Licensed Embalmer No. 3864

**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.)**