

Registration District No. **791**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Louis City Hospital #1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 Days**
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Frank Cali**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Anna Cali** 6. (c) Age of husband or wife if alive **64** years

7. Birth date of deceased **July 7, 1873**
(Month) (Day) (Year)

8. AGE: Years **67** Months **3** Days **6** If less than one day
hr. _____ min. _____

9. Birthplace **Cinisi Italy**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laboer**

11. Industry or business **unemployed 8 yrs.,**

12. Name **Vito Cali**

13. Birthplace **Cinisi Italy**
(City, town, or county) (State or foreign country)

14. Maiden name **Marchiona Laudicella**

15. Birthplace **Cinisi Italy**
(City, town, or county) (State or foreign country)

16. (a) Informant **Vito Cali**

(b) Address **5821 W. Park**

17. (a) **burial** (b) Date thereof **10-16-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **J. Michel-Sain**

(b) Address **1150 No. Kingshighway**

19. (a) **OCT 14 1940** (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5821 W. Park**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **13**,
year **1940** hour **1:40** minute _____ A. M.

21. I hereby certify that I attended the deceased from **October 11**, 19 **40**, to **October 13**, 19 **40**,
that I last saw him alive on **October 13**, 19 **40**,
and that death occurred on the date and hour stated above.

Immediate cause of death
Septicemia secondary to osteomyelitis of femur
Due to *non tubercular*

Other conditions
Di. arteriosclerosis
Arteriosclerosis

Major findings:
Of operations _____
Of autopsy *No p.m.*

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
While at work? _____ (a) Means of injury **1**
23. Signature **J. J. King** (M. D. or other) _____
Address **1515 Lafayette Avenue**, Date **10/14/40**

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

MOTHER FATHER

E. M. Blank

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.