

FILED FEB 24 1942 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. LUKE'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 DAYS
(Specify whether years, months or days)
In this community 30 YRS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 26 MO.
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 1428 1/2 SALISBURY ST.
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Italy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. 13 Day SATURDAY
year 1941 hour 11 minute P M.
21. I hereby certify that I attended the deceased from Nov. 29
1941 to Dec. 13 1941
that I last saw her alive on Dec. 12 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Bilateral Broncho - Pneumonia
Duration 6 days

Due to Salparyctomy of Luke's
Duration Dec. 5 - 1941

Other conditions None malignant
(Include pregnancy within 3 months of death)
Major findings: Orchid testis left - weight 70g
Of operation Of autopsy

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?

While at work? (Specify type of place) (Means of injury)
23. Signature Fred E. Emmerich (M. D. or Physician)
Address 713 West Glasgow Date signed 12-15-41

3. (a) PRINT FULL NAME JOSEPHINE ACCARDO

3. (b) If veteran, name war No 3. (c) Social Security No. 497-03-0619

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife ANTHONY ACCARDO 6. (c) Age of husband or wife if alive DECEASED years
7. Birth date of deceased JULY 21-1896
(Month) (Day) (Year)

8. AGE: Years 45 Months 4 Days 1 If less than one day hr. min.

9. Birthplace ITALY (City, town, or county) (State or foreign country)

10. Usual occupation PAPEP DAG MAKER

11. Industry or business CENTRAL STATES PAPER BAG CO

12. Name FRANK ACCARDO

13. Birthplace ITALY (City, town, or county) (State or foreign country)

14. Maiden name CATHERINE ACCARDO

15. Birthplace ITALY (City, town, or county) (State or foreign country)

16. (a) Informant FRANK ACCARDO

(b) Address 1635 1/2 HOGAN ST.

17. (a) BURIAL (b) Date thereof DEC. 17 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director Qued Meyer & Sons

(b) Address 3934 N. 20th St.

19. (a) DEC 15 1941 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

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

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17
17

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..... *Alfred J. Boedel Co*
Licensed Embalmer No. *2663*
P. O. Address..... *3934 Alpha*

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