

FILED DEC 20 1943

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 14337

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
O. BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 37 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 12
(c) City or town St. Louis 97
(If outside city or town limits, write "RURAL")
(d) Street No. 5062 Vren (If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Italy 0

3. (a) PRINT FULL NAME Francesco (Frank) Tivoli
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 - day 17
year 1943 hour 4 minute 15 P. M.
21. I hereby certify that I attended the deceased from
12-14- 1943, to 12-17-17 1943
that I last saw him alive on 12-17-43 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, 2 divorced widowed
6. (b) Name of husband or wife Giuseppa 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 1875
(Month) (Day) (Year)

Immediate cause of death Emphysema Duration 3-4 yrs.
Due to _____
Due to _____

8. AGE: Years 68 Months 1 Days 15 If less than one day _____ hr. _____ min.
9. Birthplace Partinico Italy 5
(City, town, or county) (State or foreign country)
10. Usual occupation Labor

Other conditions Generalized arteriosclerosis
(include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 11. Industry or business _____
12. Name Pietro Tivoli
13. Birthplace Italy 5
(City, town, or county) (State or foreign country)
14. Maiden name Giuseppa Currao
15. Birthplace Italy 5
(City, town, or county) (State or foreign country)
16. (a) Informant Sam Tivoli
(b) Address 1116 Delaware St Co.
17. (a) Burial (b) Date thereof Dec. 20-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director P. Nicci - Son
(b) Address 1150 N. Kingshighway Blvd.
19. (a) DEC 18 1943 (Date received local registrar)
J. F. Budosh (Registrar's signature)

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) (e) Means of injury _____
23. Signature Melvin L. Goldman (M. D. certifier)
Address BARNES HOSPITAL Date signed 12-17-43

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

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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*

P. O. Address *St. Louis, 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 this body is not embalmed, fact should be so stated above.