

FILED DEC 27 1944

Primary Registration District No. **1003**

Registrar's No. **10563**

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 **5-months**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **Madison**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5714 Waterman Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **Paul J. Bacigalupo**  
3. (b) If veteran, name war **None**  
3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Dec.** day **10th.**, year **1944** hour **6** minute **30** a. m.

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **M.**  
6. (b) Name of husband or wife **Anna Bacigalupo** 6. (c) Age of husband or wife if alive **55** years  
7. Birth date of deceased **June 24th., 1884**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **May 23**, 19**44**, to **Dec 6**, 19**44**  
that I last saw **h/y** alive on **Dec 5**, 19**44**  
and that death occurred on the date and hour stated above.

8. AGE: Years **60** Months **5** Days **16** If less than one day hr. min.

Immediate cause of death **General carcinoma of the stomach** Duration **8 MO**  
Due to **Carcinoma of the stomach** **7**  
Due to **h** **1**

9. Birthplace **St. Louis Mo.**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Bartender**

Other conditions (Include pregnancy within 3 months of death)  
Major findings: **51**  
Of operations  
Of autopsy

11. Industry or business  
12. Name **Michael Bacigalupo**  
13. Birthplace **Italy** **5**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary Arado**  
15. Birthplace **St. Louis Mo.** **0**  
(City, town, or county) (State or foreign country)

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 **0**

16. (a) Informant **Miss Katie Arado**  
(b) Address **1902 McCausland Ave.**  
17. (a) **Burial** (b) Date thereof **12-12-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Calvary**  
18. (a) Signature of funeral director **Arthur J. Donnelly**  
(b) Address **3840 Lindell Blvd.**  
**DEC 11 1944**  
19. (a) **J. F. Blakely** (b) **J. F. Blakely**  
(Date received local registrar) (Registrar's signature)

Physician **51**  
Underline the cause to which death should be charged statistically.  
Signature **K. F. Blakely** (M. D. or other)  
Address **3720 Washington** Date signed **12/11/44**

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

MOTHER FATHER

ME 2825  
1-3

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

**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.**