

FILED FEB 7 1945
Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. _____

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:
1607 Belt Av.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **35 Years** (Specify whether years, months or days)

In this community..... **35 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County..... **6**

(c) City or town..... **St Louis**
(If outside city or town limits, write "RURAL")

(d) Street No..... **1607 Belt Av.**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **Italian**

3. (a) PRINT FULL NAME **Giovanni (John) Badagliacco**

3. (b) If veteran, name war.....
3. (c) Social Security No.....

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **Widowed**

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

7. Birth date of deceased..... **April 6 1884**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
60	9	20	hr. min.

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

10. Usual occupation..... **Labor**

MOTHER FATHER

11. Industry or business.....

12. Name..... **Vincenzo Badagliacco**

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

14. Maiden name..... **Anna Terruso**
(City, town, or county) (State or foreign country)

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

16. (a) Informant..... **Jasper Badagliacco**
(b) Address..... **1607 Belt Av.**

17. (a) **Burial** (b) Date thereof..... **Jan. 29, 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director..... **P. Nicoli - Sons**
(b) Address..... **1150 N. Kingshighway**

19. (a) **JAN 27 1945** (b) **J. J. Budick**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **26** year **1945** hour **14:30** minute **A.** M.

21. I hereby certify that I attended the deceased from **Jan 25 1945** to **Jan 26 1945** and that death occurred on the date and hour stated above.

Immediate cause of death..... **Coronary Occlusion**

Due to..... **Coronary Occlusion**

Due to.....

Other conditions..... **none of it**
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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?.....

While at work?..... (Specify type of place) (Specify means of injury)

23. Signature..... **Nathaniel Bilsky** (M. D. or other)
Address..... **2739 77th St** Date signed..... **1/26/45**

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.