

S. No. 2  
M-5.43.  
5-17-39  
I X36671

FILED *Sept 21 1946*  
Registration District No. **318**

Primary Registration District No. \_\_\_\_\_

**1003**

Registrar's No. **8680**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Faith Hospital 0  
(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 40 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County acc 617

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

(d) Street No. 1941 Burd Ave  
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)  
If yes, name country Italy

3. (a) PRINT FULL NAME Giovanni ( John) Albrizzi

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7  
year 1946 hour 5 45 minute a. M.

21. I hereby certify that I attended the deceased from Oct 4 1946 to Oct. 7 1946  
that I last saw him alive on Oct. 6 1946  
and that death occurred on the date and hour stated above.

4. Sex Male 0 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lena 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased October 2 1875  
(Month) (Day) (Year)

Immediate cause of death Intestinal obstruction

Due to strangulated left inguinal hernia 3 days

Due to none.

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

8. AGE: Years 71 Months 0 Days 5  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Chiaramonte Galfo Italy  
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman of brooms

11. Industry or business \_\_\_\_\_

12. Name Carlo Albrizzi

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

14. Maiden name Vita Badieri

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

16. (a) Informant Lena Albrizzi

(b) Address 1941 Burd Ave,

17. (a) Burial (b) Date thereof Oct. 10-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Miceli-Sons

(b) Address 1150 N. Kingshighway Blvd.

19. (a) OCT 9 1946 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: obstruction ileum  
Of operations due to strangulated left inguinal hernia

Of autopsy inguinal hernia

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)

(e) Means of injury 0

23. Signature Jos. P. Berma (M. D. or other) 0  
Address 1225-20 grand Date signed 10/8/46

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

33713

**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 Albert Myfield  
Licensed Embalmer No. 3077  
P. O. Address 5060 Queens

**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.**