

S. No. 2
-12-45
5-17-39
P 1 X47070

FILED MAY - 9 1948 18

Registration District No. _____ Primary Registration District No. _____

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: Missouri Baptists
(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

3. (a) PRINT FULL NAME Luigi Ambrosecchia

3. (b) If veteran, name war _____

3. (c) Social Security No. 493-05-5642

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 18 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>1</u>	<u>26</u>	hr. min.

9. Birthplace Mora de cantis Italy
(City, town, or county) (State or foreign country)

10. Usual occupation General Handy Man

11. Industry or business street illuminating Co.

MOTHER FATHER

12. Name Giovanne Ambrosecchia

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

14. Maiden name Filomena Iuto

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

16. (a) Informant Pasquale Ambrosecchia

(b) Address 4235 Red Bud

17. (a) burial (b) Date thereof May 17 47
(Date, 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

19. MAY 16 1947 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 3544 Page
(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 May day 15
year 1947 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from Dec 1946 19. to May 13 1947
that I last saw h. alive on May 13 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis

Duration 8

Due to _____

Due to 94 a

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

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)

(c) Means of injury 0

23. Signature W. P. ... (Dr. D. or other)

Address 3903 Olive Date signed 5/16/47

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.....

Albert M. Appfield

Licensed Embalmer No.....

3097

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.....