

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Crawford	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN Fanning	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hospital		e. STREET ADDRESS (If rural, give location) Route 3, Cuba	

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) _____ c. (Last) BACIALLI			4. DATE OF DEATH (Month) (Day) (Year) July 15, 1954		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 8, 1891	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) brick layer		10b. KIND OF BUSINESS OR INDUSTRY Fleischer-Seiger	11. BIRTHPLACE (City and State or Foreign Country) Bologna, Italy		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Dominic Bacialli	13b. MOTHER'S MAIDEN NAME Julia Elmi	14. NAME OF HUSBAND OR WIFE Carrie Bacialli
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or date of service) 491183738	17. INFORMANT'S SIGNATURE OR NAME Carrie Bacialli, Rt. 1, Cuba ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8 Months
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatous Generalized		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Stomach DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

19a. DATE OF OPERATION June 26 1954	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Stomach & Generalized Metastases	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? ISI X

22. I hereby certify that I attended the deceased from June 20, 1954, to July 15, 1954, that I last saw the deceased alive on July 15, 1954, and that death occurred at 11 m., from the causes and on the date stated above.

23a. SIGNATURE John H. ... (Degree or Title) M.D.	23b. ADDRESS 3720 Washington Blvd	23c. DATE SIGNED 7/19/54
---	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 7/19/54	24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cem.	24d. LOCATION (City, town, or county) (State) Lemay 23, Mo.
--	--------------------------	--	--

DATE REC'D BY LOCAL REG. Jul 19 1954	REGISTRAR'S SIGNATURE Charles Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Fendler Und. Co. ADDRESS 7420 Michigan Ave.
---	---	--

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

*J. E. L. ...
37...*

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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J. Allen Davis*
Licensed Embalmer No.

P. O. Address

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

July 15-1954