No. 2
4-13-40
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 902

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 902

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS MISSOURI
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: DESLOGE HOSPITAL C
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 MONTHS (Specify whether years, months or days)

In this community 35 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

(c) City or town ST. LOUIS 2617
(If outside city or town limits, write "RURAL")

(d) Street No. 1428 SALISBURY ST 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 35 years. 0

3. (a) PRINT FULL NAME Tony Accardo

3. (b) If veteran, name war —

3. (c) Social Security No. 489-01-2567

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife JOSEPHINE-ACCARDO

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased JULY 24 1885 (Month) (Day) (Year)

8. AGE: Years 55 Months 6 Days 2 If less than one day hr. min.

9. Birthplace ITALY (City, town, or county) 5 (State or foreign country)

10. Usual occupation BARBER

11. Industry or business

FATHER
12. Name FRANK ACCORDO
13. Birthplace ITALAY (City, town, or county) 5 (State or foreign country)

MOTHER
14. Maiden name VITA BERTOLINE
15. Birthplace ITALY (City, town, or county) 5 (State or foreign country)

16. (a) Informant Mrs Josphine accordo
(b) Address 1428 Salisbury St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 29 1941 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ CALVARY CEM.

18. (a) Signature of funeral director Siedmeyer Bros
(b) Address 3934 N. 20th St.

19. (a) JAN 28 1941 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 25 year 1941 hour 1 minute :05 P.M.

21. I hereby certify that I attended the deceased from May 13, 1940, to Jan. 26, 1941; that I last saw h. alive on Jan. 20, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Portal cirrhosis of liver	Uncertain
Due to	
30 y	
Due to	
Other conditions (Include pregnancy within 3 months of death) Syphilis of undiagnosed origin	Uncertain
Hepatic cachexia	

Major findings:
Of operations
Of autopsy NO

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) None
(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

23. Signature G. O. Brown (M. D. or other)
Address Firmin Desloge Hosp. Date signed 1/27/41

(Licensed Embalmer's Statement on Reverse Side)

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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 4204 Braine

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.