

Registration District No. **7911** Primary Registration District No. **1003**

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: **Park Lane Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 Days**
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Frank Vaccaro**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **498-18-066**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Assunda** 6. (c) Age of husband or wife if alive **46** years
7. Birth date of deceased **December 25 1881**
(Month) (Day) (Year)

8. AGE: Years **59** Months **4** Days **23** If less than one day _____ hr. _____ min.

9. Birthplace **Siculiana 5 Italy**
(City, town, or county) (State or foreign country)

10. Usual occupation **Shoss Realty Investment**

11. Industry or business _____

12. Name **Gidcarno Vaccaro**

13. Birthplace **Siculiana 5 Italy**
(City, town, or county) (State or foreign country)

14. Maiden name **Leonarda Santa Lucia**

15. Birthplace **Siculiana 5 Italy**
(City, town, or county) (State or foreign country)

16. (a) Informant **Assunda Vaccaro**

(b) Address **908 N. 7th St.**

17. (a) **Burial** (b) Date thereof **May 21-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **P. Michelson**

(b) Address **1150 N. Kingshighway Blvd.**

19. (a) **MAY 19 1941** (b) **J. B. Bredich**
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **COO**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **908a North 7th Street**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **32** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **18**
year **1941** hour **10:30** am _____ minute _____

21. I hereby certify that I attended the deceased from **May 16th 10:25 a.m.**
im to **May 18th 1941**
that I last saw h _____ alive on _____, 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death **myocarditis chronic**

Due to _____

Due to **131 P**

Other conditions (Include pregnancy within 5 months of death) **sterile**

Major findings: Of operations **nephrosclerosis**

Of autopsy _____

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) _____ (Means of injury)

23. Signature **J. B. Bredich** (Date signed) _____
Address **4930**

Duration _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 and

Anthony J. Miceli

Registered Apprentice No. 276

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.