

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Fermin Desloze Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 Days
In this community 3 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Pacifico Borghesi Jr.

3. (b) If veteran, name war ----- 3. (c) Social Security No. -----

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Erminia Borghesi 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased July 15 1891 (Month) (Day) (Year)

8. AGE: Years 50 Months 2 Days 16 If less than one day hr. min.

9. Birthplace Bagni Lucca Italy (City, town, or county) (State or foreign country)

10. Usual occupation Commercial Artist

11. Industry or business -----

12. Name Pacifico Borghesi

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

14. Maiden name Isabella Materio

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

16. (a) Informant P. Borghesi

(b) Address 4931 Magnolia

17. (a) Burial (b) Date thereof Oct. 4-41 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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

(b) Address 1150 N. Kings Highway Blvd.

19. (a) OCT 3 1941 (b) J. J. Bredbeck (Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 010
(c) City or town St. Louis 13 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4931 Magnolia 9
(If rural, give location) 0
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Italy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 1st year 41 hour 8:30 minute PM

21. I hereby certify that I attended the deceased from 9/12/41 19 to 10/1/41 19

that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Multiple abscesses of liver

Due to aneurysm -

Due to 1256

Other conditions (Include pregnancy within 3 months of death)

Major findings: Large liver -

Of autopsy multiple liver abscesses

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) (a) Means of injury

23. Signature J. J. Bredbeck (M. D. or other) Address 607-N Blvd. Date signed 10/1/41

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

00
19
9

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SEP 20 1946

SEP 20 1946

SEP 20 1946

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, ~~only~~.....

....., Registered Apprentice No.

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.