

S. No. 2
M-5-42
7-5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

25841

State File No.

Registrar's No.

7083

Registration District No. 318

Primary Registration District No.

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... St. Louis
(c) Name of hospital or institution..... Depaul Hospital
(d) Length of stay: In hospital or institution.....
In this community..... years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State..... Mo. (b) County.....
(c) City or town..... St. Louis
(d) Street No..... 4957a Chippewa Ave.
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Charles James Friganza
(b) If veteran, name war..... None
(c) Social Security No..... None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 23rd
year 1942 hour 6:20 minute P.M. M.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced, Single
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years

21. I hereby certify that I attended the deceased from 7/31/42 to 8/23/42, 1942, that I last saw him alive on 8/23/42, 1942, and that death occurred on the date and hour stated above.

7. Birth date of deceased: May 3rd 1942
(Month) (Day) (Year)

Immediate cause of death: Anomphilia
Due to: Sinusitis
Due to: 77

8. AGE: Years Months Days If less than one day
0 3 20 hr. min.

Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

9. Birthplace: St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation: Infant

11. Industry or business

12. Name: Charles Friganza
13. Birthplace: Mound City Illinois
(City, town, or county) (State or foreign country)

14. Maiden name: Wilma Duffy
15. Birthplace: St. Louis Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant: Charles Friganza
(b) Address: 4957a Chippewa Ave.

17. (a) Burial (b) Date thereof: 8-25-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery

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

18. (a) Signature of funeral director: Kriegshauser Mortuary
(b) Address: 4228 So. Kingshighway Blvd.
19. (a) AUG 24 1942 (b) J. F. Budeck (c) (Date received local registrar) (Registrar's signature)

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?
23. Signature: (Specify type of place) (Means of injury)
Address: 2720 Washington Date signed.....

844 (Licensed Embalmer's Statement on Reverse Side)

Mr. Robert J. Galaktionov
Bureau and Jr 2890
9-12

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 *Edwin N. Waldern*

Licensed Embalmer No. 3024

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