

FILED FEB 4 1943 318

Registration District No. .... Primary Registration District No. ....

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:  
FIRMAN DESLOGE HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution .....  
(Specify whether  
In this community .....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County .....  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1233 N 112<sup>ND</sup> ST.  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Albert Giacchino

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife ROSE 6. (c) Age of husband or wife if alive ..... years  
7. Birth date of deceased AUGUST - 1883  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
59 5 ..... hr. .... min.

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

10. Usual occupation LABORER

11. Industry or business

MOTHER FATHER { 12. Name UNKNOWN  
13. Birthplace (City, town, or county) (State or foreign country) 7  
14. Maiden name UNKNOWN  
15. Birthplace (City, town, or county) (State or foreign country) 7

16. (a) Informant Joseph Dunne  
(b) Address 2331 Muller

17. (a) BURIAL (b) Date thereof 2-7-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Hullen & Kelly  
(b) Address 1416 N. Taylor ave.

19. (a) JAN 31 1943 (b) J. J. Bradey  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28  
year 1943 hour 1 minute 20 P.M.

21. I hereby certify that I attended the deceased from Jan 11  
1943 to Jan 28, 1943  
that I last saw him alive on Jan 28, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death hemorrhage from ruptured aneurysm of aorta  
Due to vascular dysplasia

Due to .....  
Other conditions (Include pregnancy within 3 months of death) 36

Major findings: Of operations .....  
Of autopsy Ruptured aneurysm of aorta

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) (c) Means of injury .....  
23. Signature Raymond T. Hester (M. D. or other) MD  
Address Beulah Hosp Date signed 1/28/43

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.....

*Wm. C. Paulson*

Registered Apprentice No. *347*

working under my personal supervision.

Signed..... *Harry E. Jolley*.....

Licensed Embalmer No. *4078*

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.**