

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

FILED AUG 7 1943

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis
(c) City or town St Louis
(d) Street No. 5236 Wilson Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fred Ferricone

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

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married

(b) Name of husband or wife Cora Tedesco 6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased Jan 18 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 6 12 hr. _____ min.

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

10. Usual occupation brick layer

11. Industry or business _____

12. Name Osimo Ferricone

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

14. Maiden name Anna Ferricone

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

16. (a) Informant Ms Cora Ferricone

(b) Address 5236 Wilson Ave

17. (a) burial (b) Date of _____
(Burial, cremation, or removal) (month) (day) (year)

(c) Place: burial or cremation St Peter's

18. (a) Signature of funeral director Saul E. Calabrese

(b) Address 5147 Wilson Ave

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1943 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from March 2nd
1943, to July 30, 1943
that I last saw him alive on July 29, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration few years

Due to arteriosclerosis year _____

Due to _____

Other conditions _____
(include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

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)
(e) Means of injury _____

23. Signature Charles Montani (M. D. or other) MD

Address 5147 Daggett Date signed 7-30-43

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.....

Samuel Calcutera

Licensed Embalmer No. 2376

P. O. Address 5142 Dagget

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.