

7. S. No. 2
FORM-5-43
Rev. 5-17-39
I X38571

39110/

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 4 1943

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 2652

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1-day (Specify whether
In this community 13 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Clavton
(If outside city or town limits, write "RURAL")
(d) Street No. # 27 Aberdeen Place
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Adilia Gracofci Giacofci

(b) If veteran, name war

None

(c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband Giacofci 6. (c) Age of husband or wife if alive 67.55 years
7. Birth date of deceased Aug. 18th., 1883
(Month) (Day) (Year)

8. AGE: Years 60 Months 3 Days 10 If less than one day hr. min.

9. Birthplace Urb. Budapest Hungary
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business Dominic

12. Name Demonic Ballarin
Birthplace Choggia Italy
(City, town, or county) (State or foreign country)

14. Maiden name Victoria Cunicion
15. Birthplace Sussingende, Austra
(City, town, or county) (State or foreign country)

16. Informant Mr. Anthony Gracofci

(b) Address # 27 Aberdeen Place
(a) Burial (b) Date thereof 12-1-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) DEC - 1 1943 (b) E. D. McHavran, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 28th., year 1943 hour 7 minute 15 a.m.

21. I hereby certify that I attended the deceased from Nov 24, 1943, to Nov 28, 1943.
that I last saw her alive on Nov 28, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Thrombosis Duration 4 days
Due to Hypertensive Cardiovascular Disease 2 years

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations None 93.6
Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 J. Brennan, M.D. (M. D. or other) Address 519 University Club Bldg signed 1/29/43

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

96
8
3

COPIES OF THIS CERTIFICATE ARE TO BE FILED IN THE DEPARTMENT OF COMMERCE, BUREAU OF THE CENSUS, WASHINGTON, D. C.

1-6

4335

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..... *W.H. Amatore*

Licensed Embalmer No. *2825*

P. O. Address *4340 Lafayette*

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.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 39110

State of Mo.
City of St. Louis } ss.
County of St. Louis

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this day of January, 1944, before me appears.....

Anthony Giacofci, who, upon his oath, states that the original record of ~~birth~~ death for Mrs. Adilia Giacofci ^{died} ~~born~~ November 28, 1943, in the State of Missouri, and which was filed at Jefferson City, Mo on Dec. 4, 1944, should be corrected as follows:

Item No. 3a should read Adilia Giacofci
Instead of Adilia Gracofci

Item No. 6c should read 67
Instead of 65

Item No. 9 should read Budapest, Hungary
Instead of unknown

Item No. 13 should read Chioggia, Italy
Instead of unknown, unknown

Item No. 15 should read Lussingrande, Austria
Instead of unknown Austra

Item No. 16a should read Mr. Anthony Giacofci
Instead of Mr. Anthony Gracofci

Item No. 14 should read Victoria Cumicich
Instead of Victoiri Cumicich

Item No. 6 b should read Anthony Giacofci
Instead of Anthony Gracofci

Item No. 12 should read Dominic Ballarin instead of Domonio

The above is true to the best of my knowledge, information and belief
(SEAL) Affiant: Anthony Giacofci Ballarin
husband
Relationship.

27 Aberdeen Place, Clayton, Mo.
Present Address.

Subscribed and sworn to before me this 22^d day of January, 1944.

My Commission expires January 8, 1947 Ch. Keefe Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-39110

FEB 3 1944