

No. 2
1-5-43
5-17-39
I X36671

Registration District No. 1003

Primary Registration District No. 1003

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

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 5225 Elizabeth Ave
(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 001713
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5225 Elizabeth Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOSEPH DEFACIS

3. (b) If veteran, name war no 3. (c) Social Security No. 498-10-0903

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

6. (b) Name of husband or wife Lucie Walsh 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Oct 22 1870
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 1 If less than one day hr. min.

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

10. Usual occupation Cement

11. Industry or business finisher

12. Name Considino Defacis

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

14. Maiden name unmarried

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

16. (a) Informant Mrs. Lucie Defacis

(b) Address 5225 Elizabeth Ave

17. (a) burial (b) Date thereof Jan 25 1944 (Month) (Day) (Year)
(Burial, cremation, or removal) (Where did injury occur?)

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

18. (a) Signature of funeral director Paul A. Calabrese

(b) Address 5147 Daggett Ave

19. (a) JAN 25 1944 (Date received local registration) (b) J. J. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23rd year 1944 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from Nov. 20, 1943, to Jan. 23, 1944.
that I last saw him alive on Jan 22, 1944.
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocardia Duration year
Due to arteriosclerotic Cardia- years
renal vascular disease

Due to _____
Other conditions (Include pregnancy within 3 months of death) 92

Major findings: Of operations _____
Of autopsy _____
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 _____
Signature Charles Montani (M. D. or other) MD
Address 5147 Daggett Ave Date signed 1-24-44

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed *Samuel Calcaterra*

..... Licensed Embalmer No. 2376

..... P. O. Address 5142 Daggett

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.