. S. No. 2
0M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 30 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19428

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5544

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:
DePaul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8-weeks 0 (Specify whether
In this community 50 years
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. 422 Laurel Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Edward J.Alberico

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

4. Sex M. 0
5. Color or race W.
6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Maud Alberico
6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Sept.16th.,1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
77	9	2	hr. min.

9. Birthplace Italy 5
(City, town, or county) (State or foreign country)
10. Usual occupation Mgr.Garavelli Restaurant
11. Industry or business

FATHER
12. Name Edward Alberico
13. Birthplace Italy 5
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Teresa Unknown
15. Birthplace Italy 5
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs.Maud Alberico
(b) Address 422 Laurel Ave.
17. (a) Burial (b) Date thereof 6-20-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) JUN 19 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18th.,
year 1944 hour 7 minute a. M.

21. I hereby certify that I attended the deceased from May 2, 1944, to June 18, 1944
that I last saw him alive on June 17, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Peripheral Vascular Failure	16 hrs
Myocarditis Sclerotic	?
Due to Auricular Fibrillation	?
Prostatic Enlargement	?
Due to Bladder Calculus	?

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations Calculus in Bladder
Prostatic Enlargement
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature H H Kramolowsky M.D. (M.D. or other)
Address 944 Arcade Bldg Date signed Jun 19 1944

(Licensed Embalmer's Statement on Reverse Side)

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.