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FILED JUN 23 1944
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State File No. _____

Registrar's No. 5493

Registration District No. _____ Primary Registration District No. 100

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5868 Etzel Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 yrs. (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL")

(d) Street No. 5868a Etzel
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph V. Falcetti

3. (b) If veteran, name war _____

3. (c) Social Security No. 494-26-3557

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of ~~husband~~ or wife Wilhelmina Kinzel

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 14 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day	
74	11	2	hr.	min.

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER {

12. Name Unknown

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

14. Maiden name Anna Drovetti

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

16. (a) Informant Mrs. Anna Hammond

(b) Address 5868 Etzel Ave

17. (a) Burial (b) Date thereof June 19, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Mount Cemetery

18. (a) Signature of funeral director Beidemydy Junnaton

(b) JUN 18 1944 St. Louis Mo

19. (a) _____ (b) J. F. Bruseck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1944 hour 6 minute 40 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture skull, Hemorrhage of Brain suffered while deceased fell down a flight of steps leading to garage 2 1/2 hours after fracture of the lower jaw June 16 1944
Due to fact that _____

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

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) Accidental fall

(b) Date of occurrence June 19 1944

(c) Where did injury occur St. Louis
(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 fall

23. Signature Alfred Perry (M. D. or other) _____
Address North St. Louis Date signed 6/18/44

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Delis J. Krupin*

Licensed Embalmer No..... *3497*

P. O. Address..... *1936 St. Louis Ave*

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.