

FILED NOV 30 1944 18

1003

Registrar's No. 9767

Registration District No. _____ Primary Registration District No. _____

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:
St. Luke's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Days
Years (Specify whether years, months or days)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Charles Viscardi

3. (b) If veteran, name war... No

3. (c) Social Security No. 492-03-4902

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Louise Viscardi

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased January 24 1878
(Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 20
If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Paul Viscardi

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

14. Maiden name Angela Brambilla

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

16. (a) Informant Ernest Viscardi

(b) Address 5310 Reber Place

17. (a) Burial (b) Date thereof 11-18-'44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS Peter & Paul

18. (a) Signature of funeral director Paul Calcaterra

(b) Address 5142 Daggett, St. Louis

19. (a) NOV 17 1944 (b) J. J. Brude
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 5310 Reber Place
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 14
year 1944 hour 10:35 minute _____ A.M.

21. I hereby certify that I attended the deceased from Nov. 4
1944 to Nov. 14, 1944

that I last saw him alive on Nov. 14, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Encapsulated interlobar empyema
Duration 2 wks.

Due to Pericarditis, mediastinitis

Other conditions Pericarditis, mediastinitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy Empyema Pericarditis, mediastinitis

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)
(c) Means of injury _____

23. Signature George W. Stuenkel (M. D. certifier)
Address 901 Beaumont Bldg. Date signed 11-17-44

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

Handwritten scribble

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 *Luigi 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.