

**FILED** APR 29 1946

318

Primary Registration District No.

100

Registrar's No.

2982

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:  
St. Louis City Hospital - Max C. Starkloff  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 1/2 days  
(Specify whether years, months or days)  
 In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County over  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4478 1/2 Delmar Blvd Memorial  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Anthony Pappalardi

3. (b) If veteran, name war

no

3. (c) Social Security No.

none

4. Sex

M

5. Color or race

W

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

M

6. (b) Name of husband or wife

Linnie

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

46 years

7. Birth date of deceased

June 16 - 1886  
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

59

9

12

hr.

min.

9. Birthplace

Italy  
(City, town, or county)

5  
(State or foreign country)

10. Usual occupation

Mechanic

11. Industry or business

MOTHER FATHER

12. Name

Unknown

13. Birthplace

Unknown  
(City, town, or county)

9  
(State or foreign country)

14. Maiden name

Unknown

15. Birthplace

Unknown  
(City, town, or county)

9  
(State or foreign country)

16. (a) Informant

Eugene Pappalardi

(b) Address

4921 Penrose Ave

17. (a)

Burial  
(Burial, cremation, or removal)

(b) Date thereof

3-30-46  
(Month) (Day) (Year)

(c) Place: burial or cremation

New St. Peter & Paul Cem

18. (a) Signature of funeral director

A. W. McLaughlin

(b) Address

2301 Lafayette Ave

19. (a)

1946  
(Date received local registrar)

J. J. Bredek  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28th  
 year 1946 hour 12:35 minute A M.

21. I hereby certify that I attended the deceased from 3/23/46  
 , 19 , to 3/28/46 , 19 ;  
 that I last saw him alive on 3/28/46 , 19 ;  
 and that death occurred on the date and hour stated above.

Immediate cause of death

General paresis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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)

(If "Means" injury)

23. Signature

R. P. Hubbert  
(M. D.)

Address

1515 Lafayette 3/29/46  
Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

10430

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**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..... *E. W. Cooper* .....

Licensed Embalmer No. *3830* .....

P. O. Address. *2301 Lafayette 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.**