

S. No. 2
DM-5-43
v. 5-17-39
I X38671

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Jewish Hospital
(d) Length of stay: 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County 999
(c) City or town Granite City
(d) Street No. 1918 Grand Ave.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Nick Acquaviva
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 2
year 1947 hour 6 minute 30 A.M.
21. I hereby certify that I attended the deceased from Feb 20
1947, 19____, to March 2, 1947;
that I last saw him alive on March 1, 1947;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive 52 years

Immediate cause of death Myocardial failure Duration 4 days
Due to Arteriosclerosis Heart Dis 10 yrs?
Due to Generalized arteriosclerosis

7. Birth date of deceased February 5 1887
(Month) (Day) (Year)

Other conditions Hemorrhage from P. nodosa 14 days
(Include pregnancy within 3 months of death)
Diabetes mellitus PHYSICIAN
Major findings: 117
Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
60 0 27 28 hr. min.

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

10. Usual occupation Retired
11. Industry or business _____
12. Name Giuseppe Acquaviva
13. Birthplace Altofonte Italy
(City, town, or county) (State or foreign country)

14. Maiden name Anna Dicarlo
15. Birthplace Altofonte Italy
(City, town, or county) (State or foreign country)

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant Mary Acquaviva
(b) Address 1918 Grand (Granite City)
17. (a) Burial (b) Date there March 5, 47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director P. Miceli & Sons
(b) Address 1150 N. Kingshighway Blvd.
19. (a) APR 4 1947 (b) J. F. Bredeck
(Date recorded local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury 0
23. Signature M. Norman Orgel (M. D. or other) M.D.
Address 624 N. Grand Date signed 3/3/47

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

MOTHER FATHER

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 Albert Mayfield
Licensed Embalmer No. 3077
P. O. Address St Louis Mo

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.