

FILED APR 14 1947

Registration District No. 318 Primary Registration District No. 100 Registrar's No. 2629

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

1. PLACE OF DEATH:

(a) County St. Louis Mo

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

(c) Name of hospital or institution 5372 Cabanne Ave  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 70 years  
years, months or days

3. (a) PRINT FULL NAME Josephine Garbaccio

3. (b) If veteran, name was no

3. (c) Social Security No. no

4. Sex female 5. Color or white

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

6. (b) Name of husband or wife Joseph A 6. (c) Age of husband or wife if deceased years alive years

7. Birth date of deceased Jan 6, 1879  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>98</u>	<u>2</u>	<u>27</u>	hr. _____ min. _____

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

10. Usual occupation housewife

11. Industry or business self

12. Name Martin, Joseph

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

14. Maiden name don't know

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

16. (a) Informant Miss Irene Garbaccio

(b) Address 5372 Cabanne

17. (a) Burial (b) Date thereof 4/17/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Joseph A. Howard

(b) Address 1619 Grand Blvd.

19. (a) APR 5 1947 (b) J. F. Biedeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St. Louis 517  
(If outside city or town limits, write "RURAL")

(d) Street No. 5372 Cabanne Ave 9  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 3 year 1947 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan, 1940 to Apr 3, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 1 hr

Due to arterio-sclerotic Heart Disease  yrs?

Other conditions 9 yr  
(Include pregnancy within 3 months of death)

Major findings: Of operations 9 yr

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) (c) Means of injury \_\_\_\_\_

23. Signature Nataluisella (M. D. or other) 0

Address 3720 Washington Date signed 4/14/47

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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 Joseph A. Howard

Licensed Embalmer No. 4139

P. O. Address 4212 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.**