

S. No. 2  
M-5-43  
5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

42893  
State File No.  
11968  
Registrar's No.

Registration District No. 318 Primary Registration District No.

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: De Paul  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 27 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Illinois (b) County Madison 999  
(c) City or town Collinsville 11  
(If outside city or town limits, write "RURAL")  
(d) Street No. 607 Indiana 0  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No) 2  
If yes, name country

3. (a) PRINT FULL NAME Andy Burgassi  
(b) If veteran, name war  
(c) Social Security No. 328-03-5683

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 12 day 30  
year 1947 hour 1 minute 15 A. M.  
21. I hereby certify that I attended the deceased from Jan 1 1947 to Dec 30 1947  
that I last saw him alive on Dec 30 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  
(b) Name of husband or wife Amelia Pasquinelli  
6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased Jan. 11 1882  
(Month) (Day) (Year)

Immediate cause of death: Coronary of Liver  
Due to: Cause unknown  
Duration: 1 hr +

8. AGE: Years 65 Months 11 Days 19  
If less than one day hr. min.

Other conditions: Chronic cholecystitis  
(Include pregnancy within 3 months of death)  
Major findings: Large thick walled gall bladder chronically inflamed  
Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Miner  
Coal Mine

11. Industry or business  
12. Name Joseph Burgassi  
13. Birthplace Italy 5  
(City, town, or county) (State or foreign country)  
14. Maiden name Margherita Bucalossi  
15. Birthplace Italy 5  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles J. Harrison  
(b) Address 302 Pelee ca

17. (a) Removal (b) Date thereof 12-30-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Collinsville, Ill.

18. (a) Signature of funeral director Robert D. Kessly  
(b) Address Collinsville, Ill.

19. (a) DEC 30 1947 (b) J. J. Biedeck  
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury  
23. Signature Reinhold Kessly (M. D. or other)  
Address 1117 N. Grant Date signed Dec 30/47

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

not

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.....

Embalmed

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Herbert A. Kasple

Licensed Embalmer No. 2803

P. O. Address Collinsville, Ill

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.