

Registration District No. 318 Primary Registration District No. 101

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... 1227 NO. Market St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

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

In this community..... 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 1227 No. Market
(If rural, give location)

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

3. (a) PRINT FULL NAME Giuseppe Graziano

3. (b) If veteran, name war..... 3. (c) Social Security No. 492-03-1205 A

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10
year 48 hour 1:10 P.M. minute..... M.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
7. Birth date of deceased May 3 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 1, 1948 to January 10, 1948
that I last saw him alive on January 9, 1948
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
/	69	8	7	hr. min.

Immediate cause of death: Splenic leukemia
Duration 5 max.

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

Due to Hypertension & Myocarditis
Due to

10. Usual occupation Retired

Other conditions (Include pregnancy within 3 months of death) 74

11. Industry or business Retired

12. Name Andrew Graziano

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

14. Maiden name Rosalia Dangelo

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

PHYSICIAN

Major findings: Of operations
Of autopsy

Underline the cause to which death should be charged statistically.

16. (a) Informant Concetta Graziano
(b) Address 1227 No. Market

17. (a) Burial (b) Date thereof Jan, 14/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director P. Miceli & sons
(b) Address 1150 N. Kingshighway

19. (a) JAN 17 1948 (b) J. F. Brescack
(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 Arthur S. Snelson (M. D. or other) 1/14/48
Address 2202 University Pl. Date signed 1/14/48

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.....

Anthony J. Michel

Licensed Embalmer No.....

4277

P. O. Address.....

St Louis

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.