

#82955

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

27713

National Office of Vital Statistics
FILED SEP 13 1948

State File No.

Registration District No. **818**Primary Registration District No. **1003**Registrar's No. **7598**

1. PLACE OF DEATH:

(a) County..... **St. Louis, Mo.**
 (b) City or town.....
 (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.....
 (Specify whether
 In this community.....
 years, months or days)

MARTIN FRIGERIO3. (a) PRINT
FULL NAME3. (b) If veteran,
name war..... **No**3. (c) Social Security No.
489-16-8001

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife..... **Josephine Berra**
 6. (c) Age of husband or wife if alive..... years
 Birth date of deceased..... **Oct 22, 1884**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	63	10	5 hr. min.

9. Birthplace..... **Italy**
(City, town, or county) (State or foreign country)10. Usual occupation..... **Cabman**

11. Industry or business.....

12. Name..... **Cesare Frigerio**13. Birthplace..... **Italy**
(City, town, or county) (State or foreign country)14. Maiden name..... **Madalena Berra**15. Birthplace..... **Italy**
(City, town, or county) (State or foreign country)16. (a) Informant..... **Mrs. Josephine Frigerio**(b) Address..... **5341 Patton**17. (a) **Burial** (b) Date thereof..... **Aug 31 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation..... **Resurrection**18. (a) Signature of funeral director..... **Paul C. Calcaterra**(b) Address..... **5142 Daggott Ave**19. (a) **30 1948** (b) **J. Budeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County..... **St. Louis**
 (c) City or town..... **St. Louis**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **5311 Patton**
Memorial 13 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **27th**
year..... **1948** hour..... **5** minute..... **15 P.M.**21. I hereby certify that I attended the deceased from.....
....., 19....., to **August 27th**, 19 **48**
that I last saw h..... er..... alive on **August 27th**, 19 **48**
and that death occurred on the date and hour stated above.Immediate cause of death..... **Broncho pneumonia**Due to..... **9/2**

Due to.....

Other conditions..... **Arteriosclerotic heart**
(Include pregnancy within 3 months of death)
disease, decompensated.Major findings..... **Psychosis with**
Of operations..... **Cerebral arteriosclerosis**Of autopsy..... **Pulmonary infarct**
Underline the cause of death should be charged statistically.

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?..... (Specify type of place)

While at work?..... (c) Means of injury.....

23. Signature..... **Arcebery Recen** M. D. or other **P. D.**
1515 Lafayette 8/28/48
Address..... Date signed.....

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.....

Paul C. Calcutt

Licensed Embalmer No.....

2376

P. O. Address.....

5142 Dazge

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.