

FILED FEB 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1001

118

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 5466		Registrar's No. 118	
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Cook			
b. CITY (If outside corporate limits, write RURAL and give township) OR Springfield TOWN S. Campbell Twp. RURAL		c. LENGTH OF STAY (in this place) Illmo, 28 days		c. CITY (If outside corporate limits, write RURAL and give township) TOWN Chicago			
d. FULL NAME OF HOSPITAL OR INSTITUTION Medical Center for Fed. Pris.				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) Frank		b. (Middle) Anthony		c. (Last) ACCETTURA #6583-H		4. DATE OF DEATH (Month) (Day) (Year) February 7 1949	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH October 16, 1896	
9. AGE (In years last birthday) 52		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bar owner, laborer, etc.				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Chicago, Illinois	
12. CITIZEN OF WHAT COUNTRY? U. S.							
13a. FATHER'S NAME Nick Accettura		13b. MOTHER'S MAIDEN NAME Kattie Accettura		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS File MCFP Springfield, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infarction of lung due to embolus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gastrectomy, sub-total DUE TO (c) Gastric ulcer 5/00 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive cardio-vascular disease				INTERVAL BETWEEN ONSET AND DEATH 12 hours 11 days	
19a. DATE OF OPERATION 1-25-49		19b. MAJOR FINDINGS OF OPERATION Ulcer of lesser curvature of stomach with probable metastasis.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Springfield S. Campbell Rural Greene Missouri		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that ^{the medical staff} attended the deceased from February 9, 1948 , to February 7, 1949 , that ^{they} last saw the deceased alive on February 7, 1949 , and that death occurred at 3:04 A. M. , from the causes and on the date stated above.							
23a. SIGNATURE: E. C. Rinck (Degree or title) E. C. RINCK, M.D., Clinical				23b. ADDRESS Medical Center for Fed. Prisoners		23c. DATE SIGNED 2-8-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE Feb 8 49		24c. NAME OF CEMETERY OR CREMATORY ??		24d. LOCATION (City, town, or county) (State) Chicago Illinois	
DATE REC'D BY LOCAL REG. Feb 8-1949		REGISTRAR'S SIGNATURE W. E. Sandley		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fred C. Thieme 1200 Boonville			

(Licensed Embalmer's Statement on Reverse Side)

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

REC'D
MAR 9 1949

MAR 25 1949

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Ralph E. Threine

Licensed Embalmer No. 3681

P. O. Address Springfield, 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.