

FILED OCT 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35589

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 3069	Registrar's No. 2491
1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) Richmond Heights		c. CITY (If outside corporate limits, write RURAL and give township) University City		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If rural, give location) 6856 Corbitt Ave.		
3. NAME OF DECEASED (Type or Print) John		a. (First) John b. (Middle) Fracchia c. (Last) Fracchia		4. DATE OF DEATH (Month) (Day) (Year) Oct. 14, 1950
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED; NEVER MARRIED; WIDOWED; DIVORCED (Specify) M.	8. DATE OF BIRTH Mar. 10, 1896	9. AGE (In years last birthday) 54
10a. USUAL OCCUPATION (Give kind of work depending most of working life, even if retired) Walter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Italy
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Joseph Fracchia		13b. MOTHER'S MAIDEN NAME Angela Nardi
14. NAME OF HUSBAND OR WIFE? Mrs. Stella Fracchia		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give year or dates of service) World War #1		
16. SOCIAL SECURITY NO. 490-01-7406		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Stella Fracchia, 6856 Corbitt Ave.		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Leukemia Monocytic. ANTECEDENT CAUSES DUE TO (b) Acute Cystites. DUE TO (c) Pyelitis.		INTERVAL BETWEEN ONSET AND DEATH 10/10/50
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Oct 10th, 19 50 , to Oct 14th, 19 50 , that I last saw the deceased alive on Oct 14th, 19 50 , and that death occurred at 8:30 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE James P. Redmond		23b. ADDRESS 634 North Grand		23c. DATE SIGNED 10/16/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 17, 1950	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. OCT 16 1950	REGISTRAR'S SIGNATURE W. Donker	25. FUNERAL DIRECTOR'S SIGNATURE J. Bonnelly		ADDRESS 3840 Lindell Blvd.

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Thomas R. Fenwick

Signed.....
Student Embalmer

Licensed Embalmer No. 3793

P. O. Address 3840 Lindell

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.