

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

XC # 49 40 76

SL # 1321 FILED MAY 20 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18658

STATE FILE NUMBER

318

1003

Registration District No.

Primary Registration District No.

Registrar's No.

4157

|   |                                  |   |   |   |   |
|---|----------------------------------|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>ST LOUIS</b> |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>915 N GRAND ST LOUIS MO</b>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>GLENCOE</b>  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>              |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>VET. ADM. HOS PTAL</b>  |                                  | Length of stay in lb<br><b>31 DAYS</b>  | d. STREET ADDRESS (If outside, give location)<br><b>RT. # 1</b>   |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>             |
| 3. NAME OF DECEASED (Type or print)<br>First <b>TONY</b> Middle <b>FRACCHIA</b> Last  |                                  |   | 4. DATE OF DEATH<br>Month <b>4</b> Day <b>30</b> Year <b>57</b>   |   |   |
| 5. SEX<br><b>MALE</b>   | 6. COLOR OR RACE<br><b>WHITE</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>3-10-90</b>  |   | 9. AGE (In years last birthday)<br><b>67</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>MERCHANT</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>RESTAURANT</b>  | 11. BIRTHPLACE (City and state or country)<br><b>ITALY</b>  |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |
| 13. FATHER'S NAME<br><b>GIUPEE FRACCHIA</b>   |                                  |   | 14. MOTHER'S MAIDEN NAME<br><b>ANGELINE PAVESE</b>  |   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>YES WWI</b>   |                                  | 16. SOCIAL SECURITY NO.<br><b>UNKNOWN</b>   | 17. INFORMANT Address<br><b>MISSOURI, VA HOS P. RECORDS, 915 N. GRANS, ST. LOUIS.</b>   |   |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>MYOCARDIAL AND ENDOCARDIAL FIBROSIS</b>   |                                  |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>UNKNOWN</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |                                  |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>UNKNOWN</b>  |
| DUE TO (b) <b>CORONARY ATHEROSCLEROSIS</b>  |                                  |   |   |   |   |
| DUE TO (c) <b>420.1</b>   |                                  |   |   |   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)   |                                  |   |   |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                                  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  |   |   |   |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a. m. p. m.   |                                  |   |   |   |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |   | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |   |
| 21. <b>VA</b> attended the deceased from <b>3-30-57</b> to <b>4-30-57</b> and last saw <b>him</b> live on <b>4-30-57</b><br>Death occurred at <b>4:57 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |   |   |   |
| 22a. SIGNATURE (Degree or title)<br><b>ROBERT H. HENRY</b>  |                                  |   | 22b. ADDRESS<br><b>M. D. VAH. ST. LOUIS, MISSOURI</b>   |   | 22c. DATE SIGNED<br><b>5-1-57</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   |                                  | 23b. DATE<br><b>5/3/57</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>National Cem.</b>  |   | 23d. LOCATION (City, town, or county) (State)<br><b>Jeff. Bks. Mo</b>                             |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Edward Fendler 5611 South Grand Blvd.</b>  |                                  |   | 25. DATE RECD. BY LOCAL REG.<br><b>MAY 1 '57</b>  |   | 26. REGISTRAR'S SIGNATURE<br><b>J. Carl Smith MD</b>  |

*mjs.*

300  
1-36

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....  
Signature of Student Embalmer

Signed *Harry J. Schumacher*  
Licensed Embalmer No. 267

P. O. Address: 8611 S. G.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT; he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.