

1. PLACE OF DEATH
 County of _____
 Township or Road District or Village of _____
 or _____
 City of Chicago
 Street or Hospital Home
 No. 2244 Harrison St. St. 18 Ward 8

Registration Dist. No. 7021

STATE OF ILLINOIS
 Department of Public Health - Division of Vital Statistics

ORIGINAL

STANDARD CERTIFICATE OF DEATH

Registered No. 15415
 (Consecutive No.)

2. FULL NAME Pietro Del Principe
 (a) Residence No. 2244 Harrison St. Ward _____
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
 4. COLOR OR RACE W
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 (Write the word)

6. If married, widowed or divorced Widowed
 (or) WIFE of Olivia

7. DATE OF BIRTH June, 1856
 (Month) (Day) (Year)

8. AGE 66
 Years Months Days If LESS than 1 day hrs. min.

9. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Musical Instrument Manufacturer
 (b) General nature of industry, business, or establishment in which employed (or employer) Himself
 (c) Name of employer _____

10. BIRTHPLACE (city or town) Italy
 (State or Country)

10. NAME OF FATHER Gaitano

11. BIRTHPLACE OF FATHER (city or town) Italy
 (State or Country)

12. MAIDEN NAME OF MOTHER Maria Lucia

13. BIRTHPLACE OF MOTHER (city or town) Italy
 (State or Country)

14. INFORMANT Olivia Del Principe
 Address 2244 Harrison St.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 11, 1932
 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from August 3, 1921, to 11 June, 1932, that I last saw him alive on the 10 June, 1932 and that death occurred, on the date stated above, at 7 a. m. The CAUSE OF DEATH* was as follows

Carcinoma of the liver
 Contributory (Secondary) None
 (Duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

if not at place of death? _____
 Did an operation precede death? no Date of _____
 Was there an autopsy? no
 What test confirmed diagnosis? physical examination
 (Signed) V. Gallore M. D.
 Address 2025 Polk St.
 Date 11 June, 1932 Telephone West 6740

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL

19. PLACE OF BURIAL OR REMOVAL St. Carmel 20. DATE OF BURIAL June 13, 1932

21. UNDERTAKER Bacigalupo ADDRESS 753 Faguer St.

JUN 12 19 27 AM '32
 JUN 13 1922